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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

"Death From Old Age."

It is always a confession of ignorance on the part of the medical attendant when he gives such a cause of death. It is theoretically imaginable that death from such a cause might occur; but as a matter of fact, no such case has ever been known. So notoriously unscientific is such an expression that none of the better class of life insurance companies will admit the term in the family history which the applicant is required to give; if no other cause of an ancestor's death be obtainable, they prefer that "unknown" be written. There is always a cause for death; if we do not know, we may feel that that is the easiest way to console the friends of the departed one whose case was never diagnosed. The cause of death may be atheroma, or nephritis; but never say "heart disease" or "kidney disease," in coroner's reports or death certificates; the use of the two latter terms might be excusable in explaining to a layman, but never on legal paper, case records, or in communications. The good sense of some coroners, and the enactment of some municipalities, forbid the use of the phrase, "death from old age." Some years since it became a habit with Phila-

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delphia physicians, when making out death certificates in cases of sudden death or undiagnosed malady, to give "heart disease" as the immediate cause of death. So flagrant became the superficial examinations, and sometimes even only observations of the body, that the council forbade the use of the term. All kinds of fun was poked at the "learned laymen" by the profession, but the laymen were right and the profession was wrong. A certain famous professor used to remark to his students that a man could not die of heart disease in Philadelphia. It is disgraceful to think that politicians successfully taught the profession medical technicalities; and we hope it will not again occur. The laity only call a man old after he has past the alloted "three score years and ten;" but educated physicians know that many men die of senile change in kidneys, heart, or arteries, even before they are forty years old. It is our duty to ascertain where such senile change has occurred, and to say so explicitly. The physician has no right to assume anything at anytime, and least of all times when trusting his reputation to a certificate. Many cases are such that only an autopsy may reveal the actual cause of death, and it is better to say that you cannot tell without an autopsy; and if the autopsy be refused, to say that you do not know, than it is to subscribe in a certificate to your own negligence and ignorance, which may rise to haunt you later. Never again say that any of your patients have died from "old age." If you remember this caution, it will make a better diagnostician of you, and will add to your credit and fame as a physician.

Latest Therapeusis of Pneumonia.

Many practitioners are accustomed to treat pneumonia as their grandfathers did; hence we will be excused from quoting the treatment given in the latest work from the press, Practice of Medicin, by Lockwood:

"Pneumonia is a self limited disease and has no specific medication. The patient should be kept in bed until at least five days after the temperature has become normal, and on a liquid or light diet. Restlessness and sleeplessness may be controled by a Dover's powder given at night. Pain in the side may be relieved by hot poultices or by a hypodermic injection of morphin. Poultices need not be applied, however, as a routine measure; in fact, many patients are more relieved by cold applications to the chest by ice bags, a treatment which appears to exert a beneficial effect upon the disease itself. All attempts to abort the disease have proved futil. Large doses of calomel—from 25 to 40 grains placed dry on the tongue—seem to exert a beneficial effect upon the course of the disease in some of the cases, producing a sedativ effect, but there is always the risk of producing salivation. Venesection at the outset, in robust subjects with pronounced inflammatory symptoms, is often of the greatest service, relieving the dyspnea and cerebral symptoms and reducing the fever. As an arterial sedativ, tincture of aconite or tincture of veratrum viride has seemed to be of service if given at the outset, but venesection is preferable. The temperature, being of short duration, rarely requires much treatment. The routine use of internally administered antipyretics is to be deplored. Prolonged high temperature should be controled, however. Hydrotherapy is the best treatment, either cold sponging, the cold pack, cold applications to the chest, or the bath at 70° F. By far the most important treatment is that to sustain the heart; if the pulse become rapid and feeble and the second pulmonary sound weak, alcohol should be given freely. In aged and alcoholic subjects, it should be given from the start. The use of digitalis is frequently disappointing unless it be combined with an arterial relaxant. As a cardiac tonic strychnin is rapidly gaining in favor. It may be combined with digitalis and aconitin, as in the following prescription:

℞

Strychnin sulfate.....	grain	1-60.
Digitalin	"	1-120.
Aconitin	"	1-120.

Such a combination may be given in pill form every two or three hours until the pulse is reduced to about 100, but with such a form of treatment the patient

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should be watcht carefully. Expectorants serve only to upset the stomach, tho in some cases of tardy resolution pilocarpin may be employed if its depressant effect be guarded by stimulants."

The Doctor mentions pneumotoxin, but without committing himself to its commendation.

In addition to the well known iodid of potassium and counter irritation treatment in delayed resolution, the following is suggested: The creation of an "aseptic abscess" by the subcutaneous injection of oil of turpentin; thus increasing leucocytosis by intense local irritation; the continuous employment of a jacket of cotton under which some counter irritant is applied. He gives us the latest conservativly rational therapeusis, and we respect his views; the popularity of venesection is growing again, but let WORLD readers reserve it only for plethoric cases with a sound heart. We are glad to quote Dr. Lockwood, and suggest that after studying his plan of treatment, you evolve one of your own. WORLD readers must learn to treat their patients as individuals; while the author writes in generalities. You can't take Dr. Lockwood with you to a case; but you can study his ideas and treat your patient better by knowing them.

Formaldehyde and its Antidote.

In view of the rapidly growing use of formaldehyde, it is well to note the fact that the drug is poisonous when ingested in quantity. The statement that it is absolutely non-poisonous, even tho so intensely irritating, has been so repeatedly made that many physicians are now prescribing it carelessly. We learned a short time since of a prescription calling for dram doses of formaldehyde internally; the dose would have killed the patient if given. Tho so powerfully antiseptic even in dilute solutions, it is not probable that it will ever be found a suitable agent for internal administration. It will prove to be one of the best of moist surgical dressings; costing little; not acting deleteriously on instruments; easily carried and everywhere obtainable; absolutely non-poisonous when used externally; and producing results not exceeded by the offensiv iodoform, tho absolutely in itself inodorous. Its water-white color, and the extravagant claim above mentioned, will probably lead to neglect on the part of profession and laity in handling the drug with due discretion. The only antidote known as yet is ammonia in dilute solution. The aromatic spirit would be the ideal form to use if at hand.

For moist dressings, two drams to the pint of water are ample, and less will often do as well. We condemn its administration internally unqualifiedly and positivly. We advise that every bottle bear a red label and be plainly markt "Poison." We bless its advent for an external moist dressing, and like Pare, doubt if there will ever be found anything better.

The Nipples.

The recently parturient woman is very sensitiv in every respect; and if the nipples need attention, it is well to use applications which are not repulsiv in odor nor application, and are not unnecessarily painful. Among these may be mentioned tannated glycerin, sweet oil and lanolin; the two latter may also be tannated. Attention to nipples should be given months before confinement. It is generally well known that no medicinal agent or combination will heal a crackt or ulcerated nipple when a babe nurses every two hours; and when these neglected cases are seen we would better use the nipple shield temporarily, with mild antiseptic unguents, and hope that kind nature may heal the tender tissues. It is always to be remembered that no activly poisonous antiseptic should be used, and that explicit directions be given as regards washing the nipple every time before nursing, with boiled water and clean soap. A little care will prevent a mountain of trouble for the physician, and untold suffering for the mother.

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Removal of Powder Stains.

The removal of powder stains is generally considered impossible, yet it is often a cosmetic necessity for which the physician may gain a handsome fee in event of success. In recent cases the free and repeated application of pure dioxid of hydrogen will generally prove satisfactory. In cases of longer standing, paint the surfaces with ammonium iodid, one ounce; distilled water, one ounce. This solution will gradually change the black stains to a reddish color; after the red tint develops, paint the surface with a solution of dilute hydrochloric acid. It will be understood that the latter treatment is only applicable to cutaneous surfaces; but the peroxid may be used freely on mucous surfaces.

Diabetes Mellitus.

This affection is so intractable that most practitioners approach a case with indifference; naturally indifferent treatment follows. This is not the worst feature of it; the average practitioner condemns his patient unqualifiedly as soon as he discovers sugar in the urin. Many practitioners either forget or do not know that sugar is often found in cases not diabetic. The best life insurance companies no longer reject an applicant whose urin shows presence of sugar until after several examinations have been made. We do not believe, as some excellent authorities now do, that sugar is ever found in physiologically normal urin; but we are confident that it is occasionally found in the urin of patients suffering from some remedial disorder. The practitioner should be astute enuf to examin repeatedly and diagnosticate differentially. The true case of diabetes mellitus seldom presents until pathological change has so far advanced as to destroy perfect metabolism permanently; but sugar in the urin is frequently found during life insurance or other thoro examinations. When a trace of sugar is found after a few examinations, we believe prompt treatment should be instituted. We are not prepared to say that sugar in the urin may not be the danger signal of approaching incurable diabetes mellitus; but we implore the more careful attention of practitioners to repeated urinary examination in every suspicious case. In late years many preparations have been used and many drugs commended as of positiv aid in this affection. We wish to suggest that diabetes insipidus be carefully excluded; that attempts be made to exclude other possible sources of the sugar, as depraved systemic functions; and that when thoro and repeated careful urinary analysis convinces us that our patient has true diabetes mellitus, we give him no half-hearted attention. Opium, codein, and the arsenical preparations, with tannic acid or ergot as an adjunct, have done much good; yet in every reported case of absolute and permanent cure, we wonder if the doctor erred. In our advertising pages have appeared certain drugs which appear to have the seal of popular professional approval, and they are worth a fair trial. Study your cases more thoroly; learn your therapeuticsand materia medica better; treat your diabetic patients by the golden rule; test the preparations we and our advertisers mention; and report the results to THE WORLD. If every WORLD reader would do this for a few years, we would mass an array of facts which would go far toward solving the problem of the curability of diabetes. If there be a specific, Galenical or proprietary, the profession should know it and use it for the sake of suffering humanity. We beg better attention to these unfortunates. If a "cure" exists, humanity needs it; it is your duty to prove or disprove the various claims by thoro trial; and you have no right to allow a patient to die because some ancient authority has said that every one with such symptoms must die, for the most experienced physicians know that symptoms, like statistics, often lie. The WORLD family could get at the therapeutics of this malady satisfactorily if they would set themselves the task; the pathology awaits more extended knowledge and finer instruments. Glad to hear from any who have treated cases successfully with an extended period of immunity from symptoms.

The most convenient, most certain and cheapest antiseptic for ordinary emergency surgery is the application for one moment of a sponge or cloth wet with pure carbolic acid and immediately followed by irrigation with pure alcohol. Such an application could not be used on the brain or viscera, but is applicable to even extensiv external wounds.

Dr. E. F. Richardson, of Onaga, Kan., sends $6 for four years, and says: "I have been a subscriber to THE WORLD for thirteen years and could not get along without it."

Dr. J. M. J. Manning, Almo, Ky., writes: "I like your liberal-mindedness, also your Monthly Talks. I can get more information just at the right time from THE WORLD than from any medical journal I have ever taken."

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ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Scarlatina.

Editor MEDICAL WORLD.—In the November WORLD, page 488, Dr. Harrison, of Thompson, Ga., asks for the most successful treatment for scarlatina; and the Editor asks, "will the faithful kindly take this subject up for discussion immediately?" In pursuance of this idea, I will offer a few suggestions for the management of this most terrible disease, especially when it appears in the malignant form. In the mild form, however, very little treatment is required, but the patient ought to be confined to his room, and better to his bed, as long as there is any elevation of temperature, and he should be placed in the very best situation. His room should be separate from that of the family if possible; all unnecessary furniture, curtains, and all hangings should be removed from his room—only the bare necessities retained, so that his apartment can be readily disinfected after the period of desquamation is safely past. No one but the nurse and physician should be permitted to see him. The food for such cases should consist largely of milk, on account of its being easily assimilated, and for a mild action on the kidneys. This diuretic action of milk should be well remembered, for later on in this disease renal complications are the most dangerous sequelae. The child should be bathed in luke warm water at least once in every twenty-four hours; after bathing he should be anointed all over with a little carbolized or "lysolized" lard or vaseline. The anointing applies more especially to the period of desquamation. The patient should be confined for a period of not less than three weeks, and should be under observation for at least one month, for these mild cases of scarlet fever are frequently followed by disastrous sequelae.

On account of the apparent mildness of the attack the patient is frequently allowed to get up and look out for himself; and frequently he is overtaken by albuminuria, uremia or fatal angina. This form of scarlet fever requires, as I said, but little treatment; the bowels should be kept soluble; the urin should be examined at least once daily, with a careful lookout for albumin, and low specific gravity. Nourishing liquid food should be carefully administered three times daily only.

It is the severe type of this disease that taxes the ablest physician's ability; indeed it requires a medical expert to engineer a case of malignant scarlatina thru successfully. In view of the gravity of this disease and the great difficulty in meeting the many complications that arise, a great many preventiv measures have been suggested, but in my experience, running over a period of more than forty years in a city practise, I have found them all useless or nearly so; the only preventiv that I have any confidence in is complete isolation of the sick, above mentioned, and thoro disinfection after desquamation is completed. Belladonna has been much praised as a preventiv, but it has always failed in my hands, and I have given it faithful trial in many cases; nor have I noticed that it modified the gravity of the disease in the least. Sulfate of sodium is also useless. Formaldehyde or sulfur candles are only useful after the period of desquamation is completed, as disinfectants, and this, to be effectiv, must be thoroly done after the patient is removed from the sick room.

The treatment appropriate for the severe cases of scarlet fever now demands our attention. There are no specifics; or at least the so-called specifics have all been faithfully tried and found useless—at least that is my experience. I have many times produced the rash by belladonna, but it had no preceptible effect on the real disease that followed immediately afterward in the same patient. The initial vomiting requires but little attention, but the bowels should be opened by small and oft repeated doses of calomel in size to suit the age of the patient. Fractions of a grain suitable to the case in hand always seemed to answer the purpose admirably. If the discharge is fetid,

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sulfate of magnesia 30 grs., dilute sulfuric acid 30 drops, simple syr. half an ounce, distilled water three ounces. A teaspoonful to a tablespoonful according to the age. Afterward the bowels can be kept soluble by enemas. In all severe cases stimulants are absolutely necessary; in malignant cases they should be pusht to the point of toleration. Strychnin is a remedy of great value in septic cases, and where prostration is extreme. It should always be combined with digitalis where uremia is feared. They are both good cardiac stimulants and often tide the patient over impending dangers. In high temperature the most effectiv remedy is cool bathing. As soon as a temperature of 102° is reacht, a bath should be given, which should be repeated as often as the thermometer marks 102°. A temperature of 80° will do for an initial bath; and usually that serves to keep the heat down well; but if the temperature rises above 102° and "will not down," the bath must be lowered, and no physician should hesitate to add ice to the bath till the temperature is controled. An ordinary wash boiler is a suitable vessel in which to bathe a child. It should be filled two-thirds full of cool or cold water. The bath should not be longer than four to six minutes, and the child is constantly rubbed while in the bath. Some physicians prefer an oilcloth in the bed, making a trough of the pillows and bed clothes, and thus bathe the child. In most cases cool bathing is all that is necessary to keep a patient in a reasonable range of temperature. After a bath has reduced the heat sufficiently (to 99°), the child should be wiped dry and returned to the bed. Acetanilid, or some other of the coal tar derivativs, is preferred by some to reduce temperature; but the prostration produced and the disastrous effects upon the heart, deter most conscientious physicians from prescribing such dangerous remedies; then they always reduce the secretion of urea. Strophanthus and digitalis are valuable assistants, and milk and warm diluent drinks to flush out the kidneys are not to be despised. Hot packs can easily take the place of pilocarpin, and act as nicely in uremic cases. And in dropsical cases the attending physician should always be ready to perform paracentecis abdominalis if indicated. Cold or cool water should be the great therapeutic agent in scarlatina; cool baths, cool packs, cool enemas and cool sponging, not forgetting plenty of cold water to drink.

The angina early claims the attention of the physician and must be remedied early if possible; it is so important that it frequently takes precedence over all other symptoms.

One of the best antiseptic washes for this condition is the peroxid of hydrogen properly diluted to suit each particular case; Dobell's solution is very good. Either can be used with a spraying apparatus or a swab. Some patients are large enuf to use a gargle. Nothing has given me better results than a solution of tinc. ferri clor., properly diluted. The pharynx and larynx and even the nasal cavities can easily be reacht and cleansed with this preparation. Some times the middle ear gives great trouble. Moist heat is a very good remedy for this trouble, and our mother's remedy is not bad, "the juice of a roasted onion instilled into the ear." The ear, however, should be carefully examined, and as soon as any fluid is discovered, or bulging of the tympanic membrane, paracentecis tympani should be performed, and the cavity washt out with steril water or a solution of boric acid and pure water, ten grains to the fluid ounce.

Convalescence in severe cases of scarlatina is apt to be prolonged, and the patient ought to be carefully guarded by the medical attendant, as the sequellae are frequently disastrous. Here the preparations of iron, Basham's mixture and the tincture of the chlorid are suitable preparations, and sometimes small doses of quinin $\frac{1}{6}$ to $\frac{1}{4}$ of a grain, to reinforce the ferriginous remedies. These remedies with plenty of good warm clothing in bad weather, and good fresh air and plenty of sunlight usually hasten convalescence.

JAMES W. McCOY, M.D,
Wheeling, W. Va. Health Officer.

Scarlet Fever.

Editor MEDICAL WORLD.—I enjoy the "love feasts" from so many brother physicians. The request from the Editor that we send in our mite on the subject of Scarlet Fever is a timely one, and should be heeded by all who have seen and treated many of the little sufferers with this dreaded affliction. My first experience with it was when I was eight years of age. I had it severely. I remember well the burning fever, the horrid delusions and the slow recovery. At the same time my two

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sisters were seriously sick with it. The younger was as thoroly covered with suppurating sores as one with confluent small pox; and to-day she is still suffering with defectiv hearing as a result of this attack. The treatment was close rooms, no bathing, but little cold water—oh, how good that little was.

Some fifteen years ago, within two weeks I was called to treat and direct the care of twenty-three cases of scarlet fever in different grades of severity within the radius of one mile. Most of the cases were of a serious nature; severe swelling and ulceration of the throat, high fever, dry tongue, delirium, convulsions, and the usual fine rash beginning at the face and neck, spreading downward, with exfoliation later; also gastritis, albuminuria, etc. Of these twenty-three cases only two were fatal; and as if the fates favored me, at the same time there developt five other cases that were treated by able and experienced physicians, of which three proved fatal. This great difference created much comment in my favor. Not that my treatment was any better than my brother physicians'. Probably had they attended my cases and I theirs, my results would not have been so encouraging to me. But as it was, I was requested to write an article for the Tippecanoe County Medical Society, of which I was a member. This article comprised a history of the cases, and the treatment which I gave, after which we had a very interesting discussion.

Without entering upon the details, I will plainly point out my bearings in the treatment: First when I found the little ones with extremely dry skin, high fever, delirium, sore throat, and often convulsions, tongue dry and parcht, I had them placed in a tub of warm water near the body temperature; when removed from the water they were put between dry warm blankets, and their surface was rubbed briskly for a few moments; then they were anointed with fresh lard. The water should contain a good large handful of salt well dissolved. This bath often had to be repeated in an hour, but usually, after one or more baths the skin moistened, the delirium grew less, a quiet sleep followed, and the eruption came out well. These baths were continued either in tub or under the bed clothing every day until patient recovered; also the anointings. Should the surface become too oily, soap could be used in the water; but this was rarely required. This feature of itself, in my opinion, went a long way to favor recovery and prevent sequelae. My next order was to have the bed changed every day, and also the body clothing. There was also every effort made to keep the air thoroly changed in the sleeping room.

Later I insisted, and do to this day, that the child be kept thoroly covered with oil, vaseline, or lard, until after the period of desquamation has entirely past. I believe that the scales, well loaded down with these oils, never float or leave the patient to infect others. By these precautions I have never in a single instance had reason to believe that infection ever came from any case that came under my management. And I believe that the sequelae, which have in years past been so common, can in nearly every case be prevented by these simple directions. Let the skin, with its millions of eliminating glands, have an open door; and when they throw out this poison, take it away; do not let it be absorbed to repoison the system. Hence frequent baths and changes of bed and body clothes, anointing the body freshly after each bath or oftener if indicated. We frequently meet with parents who will not follow our instructions, and a day's delay may be sufficient to infect unto death.

I have not said anything about medicin. I give only as indicated. Perhaps we may have a gastric trouble first to combat; later the kidneys may need attention.

I hope that these few thoughts may be the means of assistance to some young in the profession, and save some little ones from the dreaded after effects. I feel for these little children, as my memory carries me back to those long, long, nights with delirium, and how the kidneys did ache! and the red (almost bloody) scanty, foul-smelling urin. Altho long years have past, my memory carries me back with a shudder when I remember those terrible days. Perhaps a thought of that in after years made me think of and advance new thoughts, as when I commenced to use the cleansing, pure air and water treatment, it was in its infancy. I believe now as I did then, that it has been a means in my hands of doing great good. Now the dread of results is so much lessened that I feel but little fear when the parents and nurses assist me properly in the work.

JOSEPH SPALDING, M.D.
Woodstock, Conn. Health Officer.

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Ecinacea in Scarlet Fever.

Editor MEDICAL WORLD:—Of late years it has been my misfortune (if it is a misfortune) to deal with scarlet fever to quite an extent. In the first place, I pay but little attention to the bowels, but sometimes give a little cascara. For the fever and septic conditions I employ aconite and ecinacea with a little chlorate of potassium added. For the throat trouble I use aconite and ecinacea, with asepsin added, to be used as a gargle. For the throat externally I employ turpentine and glycerin. Should any ear complications take place I direct that the parts be sprayed with warm water with the addition of ecinacea, followed by a few drops of mullein oil, should there be earache. For the burning and itching of the surface, I have the parts greased with a bacon rind.

In the treatment of this disease I place great stress on one drug, and that drug is ecinacea, because I have found, at least to my satisfaction, that since I have been prescribing this drug I have no complications, such as ear, nasal, throat or renal troubles. To relieve thirst I order ice or cold water, or decoctions of any kind that suits the patient's taste. For food in such cases nothing is better than cold milk.

Hartford, Mich. W. R. SOBER, M.D.

We have surely had scarlet fever here to contend with. Formaldehyd did valuable service for me in preventing spread of the disease. I think calcium sulfid, doses $\frac{1}{8}$ to $\frac{1}{2}$ grain three or four hours apart during the day to saturation, *very decidedly* lessens the severity of the disease; and with many children it will prevent the disease if given after exposure; and when it fails to prevent, the disease runs a milder course.

For the throat trouble I used hydrogen peroxid spray often enuf to keep throat cleansed. After cleansing I would use nuclein or protonuclein with powder blowers. J. C. BAIRD, M.D.

Big Springs, Texas.

Scarlet Fever.

Editor MEDICAL WORLD:—The articles on scarlet fever have interested me very much, more especially that of Dr. W. P. League, of Simpsonville, S. C., (page 507-8, December WORLD). He says, "Whet your blades and at me." I wish it changed to "at us;" for my experience, covering ten years and one hundred and eighty cases, tallies with his as to its contagiousness. I have many times seen one case in a family of four or five children, the others escaping. I have also gone from infected to uninfected houses, including my own, and never had the least idea that I had carried the disease to any one. My own children have never had it, nor has any other child where there was the least suspicion that I or my clothes were the medium. That it may originate spontaneously would be a broad statement, yet I have seen many cases where no possible source could be found.

As to treatment, only about one-third the cases in country practise need anything but a saline and reasonable hygienic care. This third will tax the skill of the average medico to his utmost, and even yet he will now and then see one of life's brightest flowers plucked away while he stands by helpless. I always clean the child inside and out, and do my best to keep it that way; but it will sometimes take eternal vigilance and lots of hydrogen peroxid to keep the nose and throat clean, and on this will depend success in the severe anginose cases. The most of these and all the malignant cases will need to be well fed and carefully stimulated with strychnin and digitalin, and should have aconitin when fever is present. With this course I have had far better success than my competitors with acetanilid, Dover's, etc., never having lost a case in my own practise, but I have one deaf mute to my credit. Never had but one nephritis, and no suppuration in the lymphatic or salivary glands. I find elix. iron, quinin, and strychnin, and ess. pepsin, equal parts, one to two teaspoonfuls with each meal, a fine tonic for convalescence. H. C. CHANCE, M.D.

Wellspring, Tenn.

The Indicated Remedy Should be Used in Diphtheria, Scarletina, etc.

Editor MEDICAL WORLD.—The dominant school has occasionally stumbled upon a remedy which has apparently been homeopathic to an epidemic, such as chlorin, which was well adapted to an epidemic of diphtheria about Albany in 1866, I think. The profession threw up its cap and shouted "Eureka! we have found something to cure every case of malignant sore throat." Every physician who did not prescribe it for sore throat of any kind was "behind

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the times." What was the result? In five years it was not used at all, except by some back country physician who had just heard of it. About ten years later the profession again "doffed its cap" to bromin. Prof. Thompson, of New York City, had found it "efficacious in nearly every case of diphtheria." It did not meet the conditions of the disease during the next season, and was abandoned as a remedy for this disease. Such is and such has ever been the history of traditional medicin. What I wish to emphasize is this: A competent student of Hahnemann *knows when* to give *chlorin* and when to give *bromin*, or any other remedy in a given case. He does not put the most vaunted remedy in his pocket when he is called, expecting to give it, whatever the conditions may be; but after a most careful examination and analysis of the case he gives the remedy which distrest nature is calling for in silent, tho most expressiv language; and he who does not intelligently endeavor to interpret this language has no right to be at the bedside in the capacity of physician.

The first case of diphtheritic croup I ever cured was with bromin. One child had already died, and this seemed going in the same way—was given up by the family and attending physician. I did not expect to cure it, but the symptoms of the case called for bromin and the child recovered. Now shall we say that bromin shall be given to every case of diphtheritic croup? That is not the law. About three weeks after this case it was my good fortune to see another in which bromin was not suggested. The symptoms were like kali bichromicum and that remedy cured this case. My next case did not give any indications for either of the above remedies, but for lachesis, which cured. These are the only cases of diphtheritic croup I have had during the past twelve years, and the only cases of the kind I have been able to cure. Some of our brethren of the dominant school call it "criminal neglect" to withhold antitoxin from such cases, and seem to think that each case must have received it or die in order to prove a case of diphtheria. After being in very activ practise for a period of thirty-six years, one should be able to designate a case of the kind. I have never used antitoxin, and I have not signed a death certificate of diphtheria during the past eight years.

I would like, briefly as possible, to relate a case of scarlatina which was to me such an important part of my medical education. One morning about fourteen years ago I was stopt on the road to see this case. It had already been visited by three reputable physicians on that same day. One of the dominant school, the acknowledged "head of the profession" in a large and wealthy village; another an eclectic, another who claimed to be a homeopath (tho he mixt medicins, and is really as far from being such as are the eclectics), each of whom had pronounced the case to be beyond the reach of all remedies; in proof of which neither of them had left medicin, nor had they suggested the least thing. When I saw the case I did not wonder at the prognosis. I had recently workt thru a severe epidemic of the kind, losing twenty-five per cent. of my cases (15 in number), under such sustaining treatment as quinin, tincture of iron, strychnin, with such adjuvants as chlorate of potash, acetate of ammonia, Dover's powders, etc. I sat and watcht this case for fifteen minutes without remarks (during which time the mother was holding the child in her arms). I noted the following conditions: The parotid and cervical glands were swollen to the degree of forced retraction of the head; the face was red and edematous; the nose discharged a sanious fluid, which excoriated the skin; the pulse was very rapid (I do not now remember the number per minute). The child was constantly throwing himself from one arm of the mother to the other, moaning at every motion, and as often asking for water, of which he would take but a sip—just enuf to wet his mouth. I could see the futility of the usual treatment, snch as quinin, digitalis, strychnin, whisky, ammonia, etc., also painting the throat with iodin, spraying the nose and throat with permanganate or bichlorid were as useless as attempting to beat back the waves of the Atlantic. I had been studying "Hughes' Pharmacodynamics" (which, by the way, I think the best book on materia medica for a beginner), and tho I knew but little of homeopathic prescribing, I thought I saw in this case a picture of the pathogenesis of arsenic. Here was "rapid prostration, restlessness, and frequent thirst for small quantities of water." The three "grand characteristics" of arsenic were present: Rapid prostration (in acute cases), rest-

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lessness, which does not allow the patient to be still even a few moments, and when too weak too move the body the head is turned or the limbs thrown about to give vent to this "restlessness;" the thirst is for *cold* water, a little and often. If we were to add another not less important symptom of arsenic, it is the "after midnight aggravation" of all of the symptoms.

In a continued case this aggravation lets up in the early morning, and is again repeated at midnight. *Arsenic will cure any curable case presenting the above indications, whatever the diagnosis*, as it did this case. It was given in the ninth cent. dilution, and the child was drest and sitting at meat with the family in eight days! It does not seem credible, I did not myself think it possible when I gave the medicin. I quote this case because it so well illustrates the difference between a *recovery*, and a *cure* affected according to the *law* of *similars*. Now our brethren of the "old school" would say, after such experience, arsenic is a grand remedy for scarlatina! So it is, or for any thing else when it is indicated by the symptoms in the given case. I have attended many cases of scarlatina since that. I have had occasion to use arsenic but once, and I have not lost any. I have endeavored to prescribe for each according to the law. Our brethren of the dominant school designate us, either sneeringly or jokingly, "symptom hunters." I think it is because we make the diagnosis of the *remedy* of more importance than the diagnosis of *disease*. I do not think we attach less importance to the latter than they do, but more to the former. The moment we admit that two or more remedies are adapted to a given disease, we confess that it is to be treated symptomatically. A symptom is a word or a symbol from distrest nature; and when properly observed and interpreted, assists not only in forming a diagnosis of the disease, but also of the remedy for the disease. When all of our medical colleges have learned to teach thoroly the personality of each medicin and its relation to diseased conditions, our mortality will be lessened, and the surgeon will have a more limited use for his implements. We predict that the time will come, and in the present century, when a correct prescription, given under critical conditions, will command as much money as a capital operation!

I will close this article with the statement that I have recently cured two well pronounced, well authenticated cases of epithelioma with the indicated remedy above. I invite not criticism alone, but inspection and criticism. There must be some medical gentlemen who live above prejudice, and are disinterestedly searching for the truth. To such the invitation is extended to verify or to deny the above statement. I will only stipulate one condition (which only seems fair to myself), and that is that Dr. R. H. M. Dawbarn, surgeon to the city hospital of New York, be one of the investigating committee. He is a gentleman, eminent in the profession, well verst in pathology, lives within 30 miles of my office, and has this further to recommend him to the task: he knows nothing of homeopathic practise and methods; consequently has no sympathy with it whatever. I shall only feel assured of a thoro investigation and a fair report of the same. It appears to me that the time has come when scientific investigation should take the place of ridicule and bluff negation.

J. C. WHITE, M.D.

Port Chester, N. Y.

Diphtheria Antitoxin Not Followed by Bad Results.

Editor MEDICAL WORLD:—In answer to your request on page 497, December WORLD, I would like to say that I have been using antitoxin for six years, and in that time have injected about two hundred cases. I want to emphasize the fact that not one of these are anything but healthy at the present time. In looking over my cases I cannot find that one of them has had any serious sickness since. I have had two cases of post diphtheric paralysis, both mild. One, an adult, had slight paralysis of sensation all over, and also some difficulty in swallowing; the other, a boy of five years, had difficulty of speech for three or four months. Both of them fully recovered. A physician who at that time was opposed to the use of antitoxin told some of the neighbors that the antitoxin caused the paralysis. That is not so. If you will refer to any of your books on practise publisht before the time of antitoxin, you will find that post diphtheric paralysis always has been a complication of diphtheria. Antitoxin has reduced the mortality of diphtheria from somewhere between thirty to fifty per cent. to less than five per cent. Out of

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the twenty-five to thirty cases in every hundred that used to die, before the use of antitoxin, we get now once in a while of post diphtheric paralysis. In other words, those cases which are severe now with antitoxin are the cases which used to die.

I want to emphasize the fact that I have never seen or heard of a case of diphtheria that died if the antitoxin was used within twenty-four hours from the onset of the disease. I hav lost one case of diphtheria in the six years. The first day I saw this case, I am sorry to admit, I thought it a simple case of follicular tonsillitis. The next day I found it to be diphtheria and used the antitoxin. The child fully recovered, apparently, but in that twenty-four hours before the antitoxin was used fatty degeneration was taking place, and when the child was feeling so well it was allowed to sit up in bed it played too hard and too long; the heart was overtaxt, and in a few hours she died of heart failure. The earlier you use the antitoxin the better.

Here in Albany the Board of Health requires us to send a culture of every case we suspect to be diphtheria to the Bender Laboratory; but I never wait for the report, which comes the next morning. I carry the antitoxin with me, and if I get a case that I think is diphtheria I inject right away; then if the report comes in that it is diphtheria I inject more if necessary; if it is not diphtheria no harm has been done; in fact you will find that the serum will clear up your tonsillitis cases beautifully. But I have only sent in two cultures that did not prove to be diphtheria.

I would like to ask the physicians if they ever saw paralysis or any other bad results whatever where the antitoxin was used for immunizing purposes. I never did. This is a good proof that it is the disease and not the antitoxin that sometimes makes trouble.

I hope this will convince some that antitoxin is all right, and make them feel that it is actually criminal not to inject every case of diphtheria, and the earlier the better. GEO. T. MOSTON, M.D.

Albany, N. Y.

Dr. T. T. BROYLES, Chuckey Valley, Tenn., writes: "I have now about twelve volumes bound and I consult them as regularly as I do my text books for aid and never fail to find valuable assistance."

J. E. Griffith, M. D., of Mangum, Ok'a., writes: "I want THE MEDICAL WORLD not only for its help and advantages professionally, but the "Monthly Talks" are worth treble the subscription price."

Editor MEDICAL WORLD:—I have used antitoxin in quite a number of cases of diphtheria, and I have watcht my cases after their recovery. All made good recoveries and remain in good health. I always keep up healthy secretions in conjunction with the antitoxin, and keep them well supported. THE MEDICAL WORLD is a friend to all physicians. I have been practising forty-six years.

C. M. LINDLEY, M.D.

Brooklyn, Ind.

In reply to your editorial request in December WORLD: I treated with Pasteur's serum, in 1895, five cases of diphtheria in which the Klebs-Loeffler bacculus was found before treatment was instituted, with happiest results, recovery being perfect; and I know that all these cases have been in the best of health since that time, as they have been under my personal supervision ever since.

Bonaparte, Iowa. ROGER N. CRESAP.

Experience in Typhoid.

Editor MEDICAL WORLD:—In the October number of your valuable journal, on pages 416 and 417, I read and read again with much interest an article from the pen of Dr. E. T. Lewis, of Woodworth, Tenn., entitled "Vigorous Measures in Typhoid with Cure in four days." While I am on the "shady side" of sixty I try to keep abreast of progress, and I believe that Dr. Lewis is up to date on the treatment of the typhoid condition. As far back as the summer of 1892 I saw the iodin and carbolic acid treatment clearly delineated in The Medical Brief. The following winter I followed that line of treatment in the sickness of two boys, both of whom recovered quickly; but I was not sure that either was a typical case of incipient typhoid.

The following autumn (1893) I first gave this treatment to a well defined case of typhoid. Sailor Springs being a health and pleasure resort of no mean reputation, we have many visitors each season. Four brothers, two being step brothers to the other two, might be called two pairs of brothers. The four were all about grown. Having contemplated an outing of a few days or weeks to Sailor Springs, they pusht the farm work to a temporary let up in order to gain the time for the visit. When all were ready, one of the young men askt the other three to go without

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him, as he had been feeling badly for almost a week. They would not listen to him; they declared that the fun would be spoiled unless he was along, and that the two days' drive in a double-seated carriage, with a camp out one night, and their own make of black coffee, would cure him before the two days' drive was ended. The young man pluckt up courage and came with the others. The night spent by the camp fire only made him worse. The next day he had a burning fever, and his great thirst caused him to stop at farm houses for water. On one occasion he rusht into a yard and was bitten thru the hand by a cross dog.

On arriving at The Sailor House the landlord conducted him to my office to have his hand drest. When he had told me of his bad feelings during the six or seven days previous, I took his temperature, timed his pulse, examined his tongue, etc., and assured him that he was on the verge of typhoid fever. He took his bed without supper at the hotel, and in less than an hour I was called in to put him on treatment. I encouraged him by telling him that I was going to try and get him up during the first week, and not let him wallow in that bed until he died from bed sores.

This was Friday at sundown. I gave him five doses of calomel of about two or three grains each, with about the same weight of bicarb. soda, with instructions to take a powder every two hours, which was sufficient until the next morning. By morning his bowels had moved copiously. I then put him on a mixture of carbolic acid one dram, tincture of iodin one dram, muriatic acid and oil of lemon of each fifteen drops (for flavoring); add pure water (or rain water) q. s. to make fifteen ounces. In a pint bottle this left room to agitate the mixture, which would hasten its becoming clear (about twelve hours). Of this clarified mixture I gave him a teaspoonful in from three ounces to a gill of water every hour when fever was up, and every three hours when fever was down. A diuretic is rarely needed. He was kept on this preparation from Saturday morning all the way thru. I saw him morning and evening. At my visit late Sunday afternoon I found his bowels must be moved again, and sent him cascara sagrada. I also had his brother take a late copy of The Medical Brief in which this same treatment was highly praised and minutely described by some recent writer. I requested this read in the presence of the sick man, because on that same day a doctor from a near-by town had stopt and examined my patient, assuring him that he would not get out under five weeks; and as to the germ theory, "when the doctor kills the germ of typhoid fever, the patient is buried in the same grave with the microbe."

This kind of meddling was unkind to me, but I had the pleasure of meeting the same doctor on the following Saturday, and telling him that I discharged my typhoid patient on Tuesday morning following the Sunday that he examined and tried to discourage my patient in my absence. From Friday at nightfall until Tuesday morning was four days.

This line of treatment has never failed me. As every case is a law unto itself, I modify the treatment a little in each case. In the spring of 1900 in the city of Cairo, Illinois, I had a lady patient who seemed to show a well defined set of symptoms of incipient typhoid. About the first thing I did was to wash out the entire colon with a large fountain syringe, using the normal solution, i. e., a teaspoon level full of salt, to the quart of water. Next the calomel, following with the iodin-carbolic acid mixture as above.

About four or five years ago I sent to Parke, Davis & Co. for a pamphlet explaining the Woodbridge Treatment. I have never tried it, but I believe Doctor Woodbridge when he says there is no necessity to fear the fatal termination of any case of typhoid. In conclusion I am sorry to say that I am not personally acquainted with any practising physician who has left the old ruts, but all are following the old plan of nursing the patient thru. If the patient's strength is husbanded and vitality can wear out the disease, all right; but if not, the patient must go. I am also discouraged and grieved to find that the laity cling to the old fogy practitioner and believe him when he says that Woodbridge nor no one else has ever cut typhoid short. R. F. VAUGHAN, M.D.

Sailor Springs, Ill.

[Doctor, you do not give the range of temperature during twenty-four hours, nor do you say what the temperature was at any time. Your expressions "when the fever was up" and "when the fever was down," intimate that your patient *had not* the typhoid range of temperature,

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and that the case was one of remittent fever. Your treatment was vigorous and successful; but there are no evidences that your patient had typhoid fever. The wild claims that are so frequently made in medical periodicals concerning the rapid cure of typhoid fever are born chiefly of inaccurate diagnosis. In true typhoid, the "vigorous treatment," particularly the vigorous use of cathartics, is very likely to cause intestinal hemorrhage. Perhaps the salines are the most free from this danger.—ED.]

Doubtful if Typhoid Fever Can be Aborted.

Editor MEDICAL WORLD:—Much is written at present about aborting typhoid fever. Many methods and drugs are lauded, and cases are tabulated to show the virtue of this or that particular treatment. I presume this will bring out a volume of cases that have been aborted, by the alkaloidist, the homeo., the specific medicationist, etc., but my experience has been that mild cases improve rapidly under any treatment, while the severe ones are long drawn out; and that there is no drug nor combination that will cut them short in their incipiency. It is not ignorance (for they are men of education and brains) but rather an enthusiasm for their methods, that has caused these claimants to overlook the fact that a goodly number of typhoid cases are abortiv cases irrespective of treatment, or without any treatment. Many of the so-called "walking cases" are abortiv cases. A number of years ago a young man called at the office for something for his bowels. A history of the case, the symptoms, and temperature (103°) made the diagnosis clear. He was sent to his home in an adjoining town. His physician pronounced it a case of typhoid, treated it with calomel, antifebrin, quinin, etc., and in spite of the treatment was on a fair road to recovery in two weeks, viz: temperature normal, digestion good, etc. A few recent cases: A young man, 20, been sick eight days, temperature 104°, abdomen tympanitic, tongue brown and dry, sordes, few spots on chest, delirious. Treatment: sulfo-carbolate of zinc grs. v every four hours, with sponging. In three days temperature normal, and made rapid recovery. Another case in same house: Man, 45, under sulfo-carbolate and indicated remedies, had hemorrhage from bowels, low delirium; temperature did not reach normal until thirty-five days after commencement of treatment. This case had post-typhoid insanity that lasted about two months. Another case near by: Man, 26, been complaining for few days, under same line of treatment, rapidly went from bad to worse and died from perforation of bowels on fifth day of treatment. Another case, man, 34, had all the typical symptoms with delirium, slight hemorrhage from bowels; temperature became normal on twenty-third day of treatment. His mother, a woman of 55, contracted the fever from him; had no hemorrhage, no delirium, bowels very loose, tongue did not get very dry, temperature became normal on sixteenth day. While these last two cases were under treatment a young man of 18 came under my care; epistaxis, typical temperature, spots, bowels loose and tympanitic, delirious; temperature became normal on fourteenth day. This case had Lloyd's aconite gtts. x to one-half goblet water, teaspoonful every hour, with strychnin for convalescence. Another case in same neighborhood: A young man of the same age had been working under the same conditions in bottling room of a milk factory. Fever ran three weeks, no delirium, bowels moderately loose, followed by slight paralysis that lasted a number of months. This case was treated with salines and sulfo-carbolates.

A case now under treatment was given Epsom salts and sulfo-carbolate for several days, without any amelioration of symptoms. Case was continued with sulfo-carbolate and quinin. Fever ran five weeks, keeping between 105.5° and 106° for a week. In connection with the sulfo-carbolate I generally use quinin, and as the case progresses, free stimulation with whisky and strychnin, turpentine to abdomen, with sponging.

The cases have been selected, not to show the virtues of the sulfo-carbolates, but rather that some cases will recover in a few days, others in weeks, and still others terminate in death under the same treatment. I think it is safe to have hope of a patient's recovery, never mind how unfavorable the symptoms. It is claimed that perforation is not always a fatal symptom.

In conclusion I will reiterate that I doubt if, after a study of the patient, his surroundings, clinical history of the case

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etc., if any one can say that any drug he administered aborted a case of typhoid.

H. J. SHELLY, M.D

Ridgebury, N. Y.

Climate for Certain Lung Diseases.

Editor MEDICAL WORLD:—On page 521, Dec. WORLD, Dr. J. I. T. Long, of Allen, Md., wants to know what to do with his boy who is threatened with tuberculosis. I am perfectly satisfied as to the *heredity* of tuberculosis. During an activ practise of 22 years, I cannot recall to my mind a single case of tuberculosis resulting from contagion; but where a person furnishes a suitable soil for the nourishment of the bacilli of tuberculosis, such as chronic catarrhal bronchitis, I would advise such cases to remain away from consumptiv cases. The doctor does not give any symptoms in his boy's case, except that he has *light* hair, and some of his uncles have died of the disease. I would infer that his boy is of the blonde temperament, with possibly a scrofulous diathesis. My observation and experience convince me that such types are predisposed to tuberculosis, while the brunette, or dark type, is not. Why such is the case I can't explain.

Now, what would I do if he were my *my* boy? For such cases I have much more faith in *climate* than I have in *medicin*. Here in Illinois we have considerable of the "white plague" to deal with. In the past twelve years, I have recommended a number of persons who were threatened with this disease to go to the Rockies. Several of them had several severe hemorrhages from the lungs; some coughed and expectorated very much, and some were considerably emaciated; and in every case, except one, the parties ceast coughing and spitting, and became sound and rugged. They went to Colorado.

In Feb., 1898, I had a severe attack of grip, which settled in my left bronchi; since then I have had more or less cough and irritation in my left lung, often coughing most of the night. During the month of Oct. last I recruited in Colo., and within two weeks my cough completely left me, and all soreness left my lung. The secret of the cure of lung troubles lies in the atmosphere. It is so rare that it *makes* one breathe deeply, thus bringing the ozone and oxygen in direct contact with the diseased bronchioles, to their minute extremities. I converst with many physicians who had gone there for lung trouble who could not live here; and many others who had been given up to die, but are now in good health. There is where I would send my boy, or go myself, if I had a suspicious cough; anywhere in Colo. or New Mexico, or in parts of Nevada; but I prefer Colo. Pueblo, Colo. Springs, Denver, have hospitals for the benefit of tubercular subjects; but I prefer the rural districts and the outdoor life. I hope this letter may benefit others who are afflicted as above mentioned.

W. C. MANLEY, M. D.

Franklin, Ill.

Air and Exercise in Threatened Tuberculosis.

Editor MEDICAL WORLD:—In answer to Dr. Long's request for a preventiv treatment for tuberculosis, allow me to present the following method: Let your boy take plenty of outdoor sport and exercise, such as horseback riding, walking, hunting and other sports and games. Coupled with this he should learn to breathe deeply, thus expanding his entire lung and forcing air into the remotest air-cell. This will also exercise and strengthen the respiratory muscles and increase his consumption of oxygen. He should take some form of physical exercise daily. This may be best accomplisht by the use of a pair of light dumb-bells, one twenty-fifth of his weight, or he can learn to make the same movement without the weights. If you will write to the Fifth Avenue School of Physical Culture, 114 Fifth Avenue, New York, sending them twenty-five cents, they will send you their standard chart of physical culture; and if your son will follow the instructions therein given, he will receive proper physical training, which will do more toward preventing the development of phthisis than any medicin he could possibly obtain. In addition to these suggestions, I would advise a bath at least every other day, in as cold water as good reaction will allow. This should be followed by a brisk rub-down. Let him eat all the nutritious food that he can possibly digest. If this plan is followed faithfully, you will be greatly surprised in a few months at the favorable change in your son's condition. Try it and report results.

Joppa, Ill. C. E. TUCKER.

Dr. J. R. Trott, Virden, Ill., renews his subscription and writes; "THE MEDICAL WORLD has become an actual necessity with me. The communications from physicians from so many different parts of the country and upon such variety of subjects is of incalculable interest."

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The Tubercular Diathesis.

Editor MEDICAL WORLD:—Thru THE WORLD I beg leave to express sincere thanks to the doctors and all others who so kindly and promptly wrote me relativ to my boy, whose case I mentioned in last WORLD (page 521). Quite a number kindly wrote me in regard to the matter, and if the claims of all that wrote me be true, the career of the "white plague" will soon come to an end; and it will not be necessary much longer to disturb the insensate bosom of mother earth for the reception of the remains of the sad victims of this insidious and inexorable foe.

If such claims as have come to me in response to my call for help can be substantiated, it is a great pity that the thousands of victims of tuberculosis of to-day, that are giving up the substance of their bodies to the omnivorous, merciless and insatiable jaws of mother earth, should know not of them. But here it may be remarkt, *en passant*, that the substance returned by the consumptiv to the earth, is only substance borrowed of the earth, and that the great white plague is only one of the means of nature for postponing the day when, according to the doctrin of Malthus, the earth will be unable to supply the inhabitants thereof with food and raiment, and when elbow room will be a little scarce. So it appears that man and nature are at war with each other. While nature is trying to postpone fulfillment of Malthusian predictions, man, by his efforts to cure, is hastening it. What shall we say of such spectacle? When we reflect that man—visible man—is only so much of the substance of the earth, in human form—so called—walking about upon itself; that nature is constantly engaged in weaving Penelope's web, pulling down with one hand what she builds with the other; with law opposing law on every hand, where is the wonder that we cry out: What does it all mean? Who will maintain that the agnostic is without foothold on the earth? Neither should one be surprised to find oneself repeating:

> "Into this universe and WHY, not knowing;
> Nor WHENCE like water willy-nilly flowing,
> And out of it as wind along the waste—
> I know not WHITHER, willy-nilly blowing."

But I am digressing. It appears that many understood me to mean that my boy is now sick. Such is not the case. He appears to be in perfect health at present. I had reference to what I foresee the picture will most likely reveal. I meant to say that his physique and temperament indicate inherited predisposition, and that I felt quite sure that it was only a question of a few years with him. The above being true, why should he be bothered with books? Why should money be spent in educating him? Preventiv treatment is the great desideratum in his case. Who will be bold enuf to defy the white plague in such cases? In my humble opinion, the only hope of eradicating tuberculosis from the human family lies with the same rules the intelligent farmer observes in his efforts to improve his stock. We know not, it is true, what the picture has in store for us. Let us work and hope.

A parting shot at the worthy Editor of THE WORLD, and I shall be done. You frequently remind us, Mr. Editor, that the articles of the correspondents who modestly suggest the waste-basket as the proper place for their communications, are pretty sure to possess merit, which may be true; but I doubt, Mr. Editor, that any write intentionally for the waste-basket. You further add that modesty and ability are usually associated. This, we grant, is true. But, my dear sir, you will have us all writing for the waste-basket, giving up all your space to the modest and able, which might result in a paucity of correspondents. There are more small worms of the earth, Mr. Editor, than large ones; and I don't know that it is any fault of theirs.

J. I. T. LONG, M. D.

Allen, Md.

[That's right, Doctor, "speak right out in meetin'." We have nothing to take back; but to enter a little further into particulars, we think there is less difference in the *brains* of men than in the way they *use* them. An average brain well stored and disciplined, is much superior to a brain of more than average power and capacity, but which is lazy, careless and slovenly. Egotism is much more likely to find lodgment in an indolent, uncultured brain, than in one which is disciplined and occupied. Even a mediocre brain can accomplish much by industrious, systematic and well directed effort; and modesty usually comes with such effort. It is not necessary to be great in order to be worthy and useful. Greatness is largely a result of opportunity; while worthiness and usefulness are the result of honest and earnest effort, open to all at all times. We yield

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to none in appreciation of those who patiently plod in fields of service where hardships are greatest; but occasionally some of these get the "big head" in the worst possible form. Their word is "gospel" among their patrons, and they grow to think that they are as important in the great world as in their little community. If they send anything for publication, they are offended if it does not immediately appear, and they demand a reason *why*. It is only a small and shallow man that can be spoilt by the praise and worship of his patrons. To some of them he is almost a god; but he must remember that to the rest of the world he is only a *man*.—ED.]

Smallpox Without Eruption.

Editor MEDICAL WORLD:—Dr. Phillip's case, "What ails the baby," in November WORLD, page 462, prompts me to report two similar cases of smallpox, which I treated in December, 1900. In a family of eight, five had the discrete and one the confluent form. The other two had all the symptoms of smallpox except the eruption. The mother and two of the children were taken sick at the same time and with like symptoms; in due time the eruption appeared on the mother; the boys, whose ages were eight and eighteen, never had a sign of an eruption, nor were they sick after that. Personally I think the baby had smallpox.

Cecil, O. S. E. DEMUTH, M.D.

"Have You Quilled Her?"

Editor MEDICAL WORLD.—While in practise in the Hoosier State, near forty years ago, I was called to see a lady in confinement. On arriving I made examination per vagina and found the fetus high up; pains weak; normal presentation. I had on hand a tedious case, and was ten miles from home. Of course I wanted to do my duty, so I decided to stay with her till all was over. The case progrest slowly. As I was a stranger in that part of the country, I could see that the old ladies thought that I was not attending to my business, as I was not fingering and handling her as they had been used to by those old fogys. I could see that they wanted some other doctor. I told the officiating beldame that this was a tedious case; but that all was right. Only time was needed, and all would be over. It was all to no purpose, for they were determined to get some other doctor. I gave consent, and they went for him in haste. The so called doctor was also a preacher. He hove in sight in about two hours. He wore a long pigeon-tail coat and his high hat was dented in on all sides. He lookt more like a clown than a doctor. By this time, from the outcry of the woman, I knew the crisis had come. I thought that I would treat the doctor with due courtesy, and wait until he came in, which he did in a few minutes. I met him at the door, said the case was urging, and if he wisht to make an examination he would better do so at once. I assured him that all was right. On the way to the chamber he suddenly stopt and askt me "have you quilled her?" For my life, I never was so outdone. I did not know what to say. I said, "Well, doctor, you have me now. I do not understand what you mean." Said he, "I will show you." At the same time he drew a quill from his vest pocket and filled it with a brownish looking powder, and said, "This is a new practise, has not been in vogue long, but it is the finest thing on earth. I will now show you." By this time our patient had another pain, and the distinguisht doctor went into our patient's room with quill in hand, and I after him. For my life, I could not even surmise what he was going to do with that quill. I soon found out, for he walkt up to the bed while the labor pain was on, stoopt down and blew the contents of the quill into the patient's nostril. Of all the sneezing and escapement of gas! Her feet almost toucht the ceiling. In less time than I have been telling this the kid was squalling. I lookt around and saw in all present that Dr. Stamper was all and all. I was not noticed. I pickt up my old pill pockets and hit the road for home.

I sent in my bill and Mr. L. repudiated it, on the ground that I had not quilled her. I was laid in the shade.

Dr. Stamper rode a high horse for a while, but unfortunately for the Doctor, he got to quilling too soon, even before the second stage of labor set in; and the result was that they sneezed themselves almost lifeless, and could not sneeze it out. Before long a mob got after the Reverend-Doctor and he got out in a hurry.

We had at that time two kinds of doctors in that state: one we called corn-fed, and the other mast-fed. You can judge which was which. A. R. GONCE, M.D.

Walnut Shade, Mo.

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Blindness from Wood Alcohol.—Hidden Hemorrhage in Labor.

Editor MEDICAL WORLD.—Dr. H. T. Guss' article in December WORLD relative to blindness attributed to wood alcohol perhaps explains a case that came under my care several years ago. A man who was accused of running a "blind tiger" in the town where I lived had been drinking something he said he bought for wine, when he began to complain of pains in his head and soon after became totally blind. On a dark night he could not discern the light of a large lamp held closely and directly in front of his eyes. He remained in this condition for two or three days, when his vision gradually returned.

Recently I had a case of eclampsia in a woman six and one-half months pregnant, after which the woman was almost totally blind for three or four weeks, and she never recovered the power of distinguishing objects at a distance. When five months advanced in her next pregnancy, she became albuminuric again, and tho abortion was produced as soon as her condition was learned, her condition gradually grew worse until death ensued six days later. For several days before death she was totally blind, and I feel sure that if she had recoverod after this second attack she would have never recovered her sight. Her attacks were attributed, and I think rightly so, to an attack of malarial hematuria ten years before, from which the kidneys had never recovered.

Several times I have noticed that women, on becoming conscious after puerperal convulsions, were unable to see, but whose vision rapidly returned. Now I would like to know whether or not albuminuria were present in the cases of wood alcohol poisoning that Dr. Guss refers to. From what I have read of poisoning from that agent, I think it most reasonable to suppose its violent effects on the kidneys would naturally produce an albuminuric condition, and that in turn result in retinitis.

How many of the WORLD readers have ever noticed excruciating pains in the back as a symptom of blind hemorrhage after confinement? I have found it an unmistakable rule that where a woman a short while after being delivered begins to complain of pains in her back, which become rapidly worse until her cries even exceed those from the pains of expulsion, a concealed hemorrhage was the cause. In the first case I had I was wholly at sea as to the cause; the labor had been a comparatively easy one, the placenta had been removed, and I had taken special pains to see that the uterus was thoroly contracted. But when I laid my hand on her abdomen I found the organ reaching well up to the umbilicus and distended with blood; after the removal of which and thoro contraction secured, the backache vanished.

Physicians learn many things that they forget. But everything that appertains to the management of the accidents and complications of parturition should be learned and relearned until under any possible circumstances we have them at our fingers' ends. We owe this much to the women who place their lives confidingly in our hands to take them thru the most terrible trials of their lives. The doctor receives but seldom the measure of gratitude and appreciation from other patients that he does from the woman whom he has conducted safely and happily thru the trying ordeal of bringing forth her new-born child. She is ever after a valuable champion of his skill, and is never more pleasantly engaged than when persuading some other woman to secure his services. He should be patient, watchful and sympathetic. No matter how well he may do his work, one sharp, impatient word or exhibition of temper at this time is likely to cause her to forget all else and remember that to his lasting hurt.

One piece of advice given me by the late Prof. D. Warren Brickell, while I was a student in New Orleans, I have never forgotten; and it has perhaps saved me from many errors: "Keep cool; never allow yourself to become excited in a sick room, especially where all the others are beside themselves, more especially in the presence of blood; your patient's life, and your reputation as well, often depend upon your being cool and collected."

Reddick, Fla. B. P. WILSON, M.D.

Carbuncle.

Editor MEDICAL WORLD: — W. J., a strong man of 25, came into my office suffering terribly from a carbuncle on the back of the head and neck. The head was held forward and was immovable except in perfect agreement with the motion of the body. Hesitating to use the radical measures of deep incision and cauterization, I made what I considered an indifferent application, altho recom-

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mended by authorities, gave some treatment to relieve pain, and let him go hoping he would call some other doctor. But the next day he came back wholly unrelieved. Observing over the surface involved a number of pustular eminences, I proceeded to scrape off the apex of each one, pressing into each one, with dressing forceps, a crystal of carbolic acid. Seventeen points were treated thus at that time, no other treatment being employed except constitutional remedies internally. He returned the next day very greatly relieved. The same treatment was applied to four more points, and that ended the case, practically curing it in two days' time. R. MARSHALL, M.D.

Cowan, Ind.

[While "all's well that ends well," we cannot approve the attitude toward the patient on the first visit. If you did not feel competent to deal with the case you should have askt for council and assistance, or *sent* the patient to some other physician.—ED.]

Calcium Sulfid for Whooping Cough.—Belladonna as an Antidote to Opium.

Editor MEDICAL WORLD.—I beg to submit to the profession thru THE WORLD a bit of knowledge, the result of some experimental observation, relative to a virtue in calcium sulfid which, for aught I know, is of the character of a discovery—at least I am not aware of anything in therapeutic literature referring to it. As the condition against which I found the drug so surprisingly efficacious is most prevalent during the winter months, I hasten to submit the information without further delay.

While observing the action of the calcium sulfid last spring in cases of croup and the ordinary cough of bronchitis, a case of whooping cough presented, and it occurred to me to employ the drug, more as an experiment than with expectation of effectiv result. At the end of a week the whooping had disappeared, and, at the expiration of two weeks, the cough had quite subsided. The drug was exhibited in one grain (pill) doses every four hours to a child five years of age. After carrying the administration a week farther, or three weeks in all, I withdrew it; and in a week or ten days the cough reappeared, little by little, followed by the whooping a few days later. The calcium sulfid was again ordered, whereupon the whooping disappeared and the cough ceast as before. The treatment was continued for three or four weeks and then withdrawn, with no further reappearance of the affliction.

The number of cases in which this happy effect of the drug has been demonstrated is not as large as I would like before making a statement; but, for the reason abov given, I submit the matter now, together with the assertion that from what I have observed of its action, I believe calcium sulfid to be the long lookt for specific in whooping cough. I shall be pleased to see the results of a trial by WORLD readers publisht soon in these columns.

Now, while pen in hand, I will give a noteworthy case from my case-book, showing the efficacy of belladonna as an antidote to opium in poisonous doses.

I was hastily summoned on the 7th of September about two o'clock in the afternoon to attend a patient who had been for nearly a year suffering from paraplegia complete, involving rectum and bladder, due to fracture of a dorsal vertebra in the upper third of the spine, produced by a fall from an apple tree. Upon arrival at the bed side, I was told that the patient had swallowed, during the preceding night, four ounces of a solution of chloral hydrate in divided doses, the solution containing one ounce of the drug. That having failed to produce the effect expected of it, he had also taken, about an hour before my arrival, sixty grains of morphin sulfate, divided into three doses about fifteen minutes apart, evidently with suicidal intent. His family knew nothing of the strength of the chloral solution, nor were they aware of the danger following such enormous doses of morphin, and therefore suffered no alarm till his breathing became heavy and they found it impossible to awaken him.

I found the patient profoundly under the influence of the morphin, and unaffected by any and every effort to arouse him. Pulse was 100, full and strong, respirations 8 and stertorous, and the pupils contracted to a pin point. I immediately forced down an emetic; but so completely was the system under the influence of the morphin that there was no response whatever. Thereupon I exposed his neck and chest, and having opened the windows and doors to admit air, I set those about the bed at work with fans and in making cold water applications to his face, neck and chest, while I administered the tincture of

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belladonna in three dram doses every fifteen minutes till I had given an entire ounce. In about an hour the pulse rose to 140, full and regular, and the pupils relaxt slightly. The entire surface soon flusht, and, a little later, blotches resembling flea bites and varying in size from that of a pea to a ten cent piece appeared upon the extremities and rapidly extended over the entire body. A half hour later, the neck and face appeared hideously swollen and assumed a dark purple hue. By that time the pupils were widely dilated, while yet there was little or no change in pulse or respirations. In about four hours the respirations had increast to 12, and the pulse had fallen to 120.

Directing those about the patient to continue the cold water applications and the admission of fresh air, I left the patient and did not see him again till next morning, altho informed from hour to hour of his condition. Pulse was then 100, respiration 18 and less stertorous. The cold water was then discontinued, and I did not see him again till 12 m., at which time I succeeded in rousing him to consciousness for a moment, after which he lapst again to the condition of lethargy.

About three p. m., or twenty-four hours from the time I was first called, I succeeded in fully waking him, and he took a little milk and water. His recovery thenceforward was rapid and uneventful, and in a few days no effects of his enormous dose were visible.

I wish, before closing, to add my voice to the chorus of approval of the fair minded spirit which has opened the pages of THE WORLD to our homeopathic brethren. It is well to be mindful that no one cult in any department of this world's knowledge contains *all* the truth.

J. D. KELLY, M.D.

New Haven, Conn.

Irregular Menstruation.

Editor MEDICAL WORLD:—On page 446, October WORLD, W. A. L., M.D., of Nebraska, seems puzzled. Why not "let well enuf alone?" as the flow is "not painful or in excess." Local treatment in this instance is morally and physically damaging. The writer has had several such cases and advised no interference, but told them they were late in developing. A tonic containing strychnin was prescribed. In later years they married and had children, and thankt me for the advice formerly given. Some persons, while enjoying good health, have peculiarities, and irregularity is regularity with them. While I have the greatest regard for the opinion of the Editor, in these cases his observations were different from mine.

ANNETTA KRATZ, M.D.

Danboro, Pa.

The "Germ of Truth" in Irregular Medical Cults.

Editor MEDICAL WORLD:—In reading Dr. Mulnix' article on above subject (December WORLD, pages 511-12), I was astonisht and almost overpowered with admiration for such perspicacity. He has "waded thru," is "familiar with," "perused and pondered over," "reflected," "examined," "descended in folly low," "he understands the theory and practise of," etc., of sixteen different, distinct methods of the healing art, besides being a "r-e-g-u-l-a-r." He has sifted and gleaned one "germ of truth" (?). Undoubtedly this is true. We have his statement for it.

How I wish my mind could grasp and retain such a world of good things. I have been a student of the healing art for thirty years, am a graduate of two "regular," well known, leading medical colleges of the United States. How glad I would be to be able to be "perfectly familiar" with all the theories taught by that school, and get the "germ of truth;" but even now I can go back to Wood, Eberle and Flint, and find new, sparkling gems of truth never before noticed.

But to the subject. I am not, like the Doctor, "perfectly familiar with" all the occult sciences, but a few of them I know something of. One of the "occults" mentioned is hypnotism, or suggestiv therapeutics. I have read Bernheim, Moll, Von Krofft-Ebing, Cooke, Halphide and others. I have gleaned many "germs of truth" from these old wheel horses in medicin, and I am satisfied there are many more beautiful truths yet undiscovered by me, which are the result of great toil and profound thought on this one subject, so potent for good, by these great men. The Doctor being "perfectly familiar with this subject" knows that Professor Bernheim of the "regular" faculty of the University of Nancy says (jollies) in this way: "The evidence of *facts* will finally force itself upon the most skeptical minds, and suggestiv therapeutics, accepted and practised by all physicians,

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will be one of the fairest conquests of contemporary medicin."

Dr. Moll, "regular," of that great educational center, Berlin, you know, Doctor, what he says: "Hypnotism and suggestion will outlive many remedies whose praises fill the columns of the medical journals at present." He says, "I think that hardly any of the newer discoveries are so important to the art of healing."

The world's greatest neurologist is Von Krofft-Ebing; you know he "jollies" in this way: "The armamentarium of the neurologist would be all incomplete without suggestion; when many of the remedies so highly extolled in the medical journals of to-day have sunk in oblivion and are forgotten, hypnotism will remain a fixt fact."

Prof. Halphide, of Hahnemann Medical College, of Chicago, a very broad minded physician who has written a most excellent work, entitled "Mind and Body," says of Dr. Libault, that great French investigator (undoubtedly the Doctor is "familiar" with him): "For several years, in his study of hypnotism, the profession was inclined to laugh at and ridicule him and his notions; but it is his turn to laugh, for they are glad to esteem and honor him now."

Can it be possible that so many men with such world wide reputation, acknowledged by the medical world as leaders, can put so much time and thought on a subject that Doctor Mulnix has completely sifted and has proven to contain only one "germ of truth," and that is, "jolly a man and he feels better?" As to osteopathy, its principles are practist in every hospital in the world, and the "germ of truth" found in it is not to "jolly," but one is *massage*.

As to homeopathy, it has ceast to be a babe; it is strong and able to stand the sneers of the most pharisaical "regular" wrapt as he may be in his dearly beloved *code*.

Doctor, let us cease this sectional foolishness. Accept good wherever we may find it. There are a great many good things entirely outside of our pathy; but, Doctor, don't you know all truth is ours by inheritance? we are the old school; we should not be jealous of who finds it, or how it is found.

L. L. AMES, M. D.

Rich Hill, Mo.

[Ex-member American Medical Association, International Association R. R. Surgeons. &c.]

Philosophy and Life Experience of a "Shaker."

[The following, tho from a layman, will doubtless interest the profession.—ED.]

Esteemed Editor:—I was favorably imprest with your reply on page 399, September WORLD, to the query, "Is the Discharge of Semen Essential to Health in the Male?" I was born May 24, 1830. Was placed with people called Shakers at 8 years of age, and have lived to the principles of this order. I never knew a woman carnally. Have had nocturnal emissions, but not often; sometimes go a year or two years without one. Were more frequent when I was younger. Always regret to have one occur—can sometimes trace it to cause in the mind from 10 to 20 hours previously, or to over feeding the body. I consider that, with those who live pure lives in thought and deed, it is chiefly a question of balance between nutrition and expenditure. Some use it in their brains, some in physical labor, others waste it in feeding the serpent—*i. e.*, in carnal indulgence. It is the essence of life, health and motion, and is drawn from brain and blood and nerve and muscle. To lose it is a great waste of vitality. Among the sins charged by the Prophet, on the people of Sodom, was fulness of bread, and abundance of idleness in her daughters. I conceive that this finest essence of our life is not converted into semen or secreted from the blood without a sexual excitement either of mind or body—when in normal health. The final exodus of that essence is the ultimate of the pleasure it produces. The body is exhausted. The creativ part of this animating life which permeates every particle of the body, is gone. Death has entered the body. Millions of molecules of matter are left without their animating essence. The work begins in the body to gather up these dead atoms and bring them into the blood and carry them off thru the ordinary channels of effete matter. We are easily angered and know not why. Every nerve is strained. All the forces of the body are diligently at work to cleanse it from these dead carcasses that are left there, because of the injudicious waste of the finer essences of the system. The body is taxt to its utmost.

E. H. BUTLER.

Mount Lebanon, N. Y.

"I enjoy WORLD better every month. It is full of instruction for the busy practitioner."—Dr. A. E. Dalton, Friedheim, Mo.

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Dr. Kendrick's Cases.

Editor MEDICAL WORLD:—No. 1 is a case of quotidian intermittent fever. Prognosis is very favorable. I should prescribe as follows:

No. 1.

℞

Alcoholis .....fl. oz. ij
Ac. sulf. aromat .....fl. dr. iv.
Quin. sulf.....dr. iv.
Ext. lavendulae comp. fl. .....fl. dr. ss.
Tr. capsici.....fl. dr. iv.
Aquae q. s. ad.....fl. oz. vj.

M. et ft. sol. S.—Teaspoonful, in water, every four hours for two days, then t. i. d. till all is taken.

No. 2.

℞

Acetanilid .....grs. v.
Caffein. cit.....grs. ij.

M. et ft. chrt. No. 1. S.—Take when the chill begins to subside.

No. 3.

℞

Hydr. chl. mit. .....grs. x.
Pulv. ipecac. et opii .....grs. iv.
Na. bicarb. .....grs. x.

M. et ft. chart. No. j. S.—Take at bedtime. Salts or oil next morning if bowels don't act freely.

I should repeat No. 3 every third or fourth day till tongue is clean.

If the patient can take four doses of No. 1 before chill time, he will likely not need No. 2.

If necessary I would follow No. 1 with:

No. 4.

℞

Pot. iodidi.....oz. j.
Syr. ferri iod. ....fl. oz. j.
Liq. pot. arsenitis .....fl. dr. iij.
Syr. sarsap. comp. q. s. ad ....fl. oz. vj.

M. et ft. sol. S.—Teaspoonful, in water, t. i. d. after meals.

If constipated, would add fluid extract of mandrake and senna q. s. to move the bowels once daily.

The above treatment will effect an absolute cure and, if my patient, I should not hesitate to forfeit $10.00 for each and every chill after twenty-four hours, until again contracted. Clean the tongue and one-half the amount of No. 1 will cure any ordinary case.

I loaned my WORLD to a brother who proved to be a good book keeper; but as well as I can remember, case No. 2 is threatened with chills. I should give him an enema, at once, to move his bowels. Then:

℞

Cocain mur. .....grs. iij.
Ess. pepsin.....fl. oz. j.

M. et ft. sol. S.—Teaspoonful every 1, 2 or 3 hours as needed to relieve vomiting.

Also subnit. bismuth, ingluvin and cerium oxalate, if the above did not arrest vomiting.

If necessary, and as soon as admissible, one soda and calomel trit., ½ grain each, every half hour until bowels move, or till twelve are taken. If necessary, Rochelle salts q. s. to move bowels, one hour after the last triturate was taken.

Grs. xx Grove's tasteless quinin as soon as stomach will retain it, then grs. vj every three hours till danger of chill has past, then ℞ No. 1 as in case No. 1. New symptoms and important changes p. r. n.

I know almost nothing about homeopathy, but I do know that many brainy men practise medicin as taught by that school, and that they are more or less successful; otherwise they would not earn their bread and butter, and would have played out long ago. If my brother homeopaths, however, will excuse me, I will say that while reading the natrum muriaticum treatment of Dr. K.'s case No. 1, the following thoughts intruded on my brain: Natrum muriaticum? Let me see? Oh, yes; natrium chloridum purum. Myself and family have been taking this drug (the commercial), t. i. d., at meals. for over twenty years. An ounce of pre, vention is not worth an infinitesimal cure-The lighter the power the higher the weight rises. But, excuse me, I am no philosopher. Truly, I know nothing about homeopathy, but I am not too old to learn.

To our Editor I wish to say that this is my first attempt (or offense), and if it is not worthy of space in THE WORLD, I shall send you something that will be. But in order that you may the more easily excuse me, I enclose $2.00 for "McKinley and Men of Our Times" and THE WORLD one year from the expiration of my present subscription, as per your adv., page 15, November WORLD. JOHN B. LEE, M.D.

Chattanooga, Tenn.

Dr. L. H. Clarke, of Kyle, W. Va., sends $3.00 for four years subscription. He says: "THE MEDICAL WORLD is the most practical journal and is of more benefit to the general practioner than any journal it has been my good fortune to read."

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Editor MEDICAL WORLD:—In Missouri, in a very malarial district, I depended solely upon homeopathic potencies (rather low, 2x to 6x, but sometimes the 30th), with uniform success, very few relapses. I think if we can get but one distinctiv symptom the *time* of the chill is most important; for instance, chill from 10 a.m. to 3 p.m., sulfur; 10 to 11 a.m., natrum mur.; 11 to 12 m, kali carb.; 1 to 2 p.m., ars.; 3 p.m., apis; 4 to 8 p.m., lycopodium, etc. The next most important symptom is *where* the chill begins. In asking for homeopathic prescriptions, Doctors, please examin closely for distinctiv, characteristic symptoms; and then hold us to the case, or make us tell why we fail.

LUTHER J. INGERSOLL, M.D.

Denver, Colo.

If You "Try" Homeopathy, Do It Homeopathically.

Editor MEDICAL WORLD:—I am quite interested, altho a regular, in the replies of the homeopath. I shall try phosphorus hereafter in pneumonia. I wish the homeopathic brethren would tell us what they would do in a case of chronic suppurativ otitis media, of eighteen months duration, in an old woman, otherwise healthy. I have a desire to know, because a homeopath easily cured a case I failed on after having had a thoro trial. Was it a coincidence, or have the homeopathic brothers a better treatment?

H. M. OCHILTREE, M.D.

Haddam, Kansas.

[The Editor has learned enuf homeopathy in these discussions to say, don't "try phosphorus in pneumonia." Don't give it until it is *indicated* by special symptoms calling for it. If you are going to try homeopathy at all, try it fairly. Better read the discussion again.]

Dr. Lancaster's Case of Vertigo.

Editor MEDICLL WORLD.—I have received quite a number of replies to my request for information in reference to my peculiar case of vertigo (November WORLD, pages 485-6.) I return thanks to all for all suggestions and the interest manifested. I have replied to most of them directly. I did not ask for treatment, but for suggestions as to pathology, and reference to literature touching same. I always try to base my treatment on pathology. A true diagnosis I consider a perfect index to treatment. The replies are mostly from homeopaths, and where stated, there is quite a unanimity in remedies suggested. This we can but admire. Some have gone farther and sent medicin without saying what it was, assuring me there was no danger in it. I don't like to give anything without knowing what it is. Some have suggested to test urin for sugar. This was done when I first took charge of case. No albumin; no sugar. Specific gravity high—1028 to 1030. Highly acid. The case was quite a deal relieved at time of previous writing, and still is, with some fluctuations; at times more relieved, at times a bit worse. I have concluded that the pushing of tongue to right is not pathological, but a normal defect. I have decided, as suggested by the Editor, that the principal disturbance is in the digestiv apparatus. So has the patient; from observation he has been compelled to the same conclusion. I think we may also claim, as a correlativ adjunct pathologically, Haig's uric acid storms, or diathesis. We are sincerely thankful for every suggestion; and I will say, as patient was so relieved at time of receiving the suggestions from the homeopathic brothers, we did not use any of the remedies as most of them enjoined cessation of remedy as soon as improvement was manifest. We are nevertheless very grateful and will still use if a favorable opportunity presents.

W. H. LANCASTER, M.D.

Lockhart, Texas.

Editor MEDICAL WORLD:—Dr. W. H. Lancaster's case (page 485) needs conium. It would completely eradicate that tendency to vertigo. We frequently meet cases, the pathology and diagnosis of which puzzle us, but the *law of cure* directs us to the remedy notwithstanding.

For Dr. R. V. Pearce's case (page 487) I would give chin. sul., 30th or 200th, with perfect confidence of a cure, because this remedy will produce three prominent sympms in this case, viz. flatulence, sensitiv vertebrae and tinnitus aurium. took the liberty to mail these brethren (?) the remedies, but it remains to be seen whether they will give them or not, as you allopaths are so "hide bound" you won't touch anything "branded" homeopathy, and yet some of you don't hesitate to "try" Schussler's remedies, which are the same, but "branded" differently.

Paris, Texas. G. F. THORNHILL, M.D.

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Editor MEDICAL WORLD.—I think if Dr. W. H. Lancaster will give his case of vertigo described in the last number of THE WORLD conium maculatum, the third dilution, it will cure. For fear he does not understand making the third dilution, I will tell him. Put six drops of mother tincture of conium mac., in a one dram vial; fill the vial with good alcohol; shake it well and mark on the cork No. 1. Then put six drops of No. 1 in a dram vial, fill with alcohol, and shake well. Mark that vial No. 2. Then put six drops of No. 2 in a dram vial, fill it with alcohol, and give to the patient, directing him to take five drops every two hours until improvement is manifest; then discontinue.

Camden, Tenn. I. B. FLORENCE, M.D.

Give Exact Directions and Statements.

Editor MEDICAL WORLD:—It has long been a question among physicians as to whether they should send their prescriptions to any particular pharmacist to be filled, or leave it to the patient to have them filled wherever he sees fit. I hold that the physician should in every case specify the store at which he would like to have his prescriptions dispensed. He need not confine himself to one particular store, but could say: "Have this prescription put up at Smith's, or Jones', or Brown's pharmacy," naming men in whom he has confidence and whom he knows are honest. A prescription from a well-known physician called for two grains of hyosciamin, with other articles. The charge made for filling it was thirty-five cents. The actual cost of the hyosciamin alone would be eighty cents. The patient was not benefitted and the physician was blamed. Said one prominent physician here to a patient who askt him where he should have the prescription filled: "Take it to any honest druggist" (and he named several), "but avoid the cut rate druggist; what he loses on the sale of patent medicins he must make up on other things."

Physicians should be exact in their statements. On page 516, December WORLD, Dr. F. G. Oehme says: "Ten to twelve parts of water and one part of ammonia will preserv soft rubber any length of time." Now does the Doctor mean ammonia water, stronger ammonia, muriate of ammonia, ammon. carb., or what preparation of ammonia does he mean? Ammonia—the element—is never seen.

Indianapolis, Ind. JOSEPH R. PERRY.

A Suggestion.

Editor MEDICAL WORLD:—I have long since noticed that nearly all of your correspondents are continually writing about *treatment*. It seems to me that it is time to stop so much talk about the fitness of this or that drug, and let the pendulum swing the other way and give us the symptoms and diagnosis of some of their cases, especially the differential diagnosis. Any of us can prescribe something if we only know the trouble. Let us have a change. I heartily commend the article of Dr. Lee, in the November WORLD, page 459, and likewise the information accompanying his article. Let's have more of that kind of articles.

Avalon, Mo. R. E. CHAFFIN, M.D.

[All right, Doctor, set the example. THE WORLD belongs to the profession. It mirrors the thoughts, opinions, desires and doings of the profession.—ED.]

Some Uses of Gelsemium.

Editor MEDICAL WORLD:—A lady who has for several pregnancies been subject to neuralgic uterin pains about the seventh and eighth month, thinking she was in labor sent for me. I found the os soft and patulous, but no true labor pains; besides the time was not out. I ordered tr. gelsemium, 10 gtts. every thirty minutes till full effect (heaviness of eyelids) or relief. It had to be used for several days more or less, but permanent relief followed its persistent use for a few days. Since using it I have read an article by G. Finly Ellingwood, who says that it relieves at the expense of normal contraction of the muscular fibers of the uterus, hence not advisable in after pains; but it seems that it is the thing in threatened abortion, especially where fl. ext. black haw fails or nauseates. In fact I find that they act well administered alternately in severe cases. Of course where there is intrauterin disease, all remedies signally fail.

Experience will, I think, teach us that gelsemium is *the remedy* to control symptoms in cerebrospinal meningitis, if pusht to effect. I have given it in ten-drop doses to a child 12 years of age, for several days, every two hours in day time and four hours at night. He recovered. JAMES W. ETHERIDGE, M.D.

Reverie, Tenn.

"You are giving us the best medical journal publisht."—Chas L. Venable, M. D., Price's Mills, Ky.

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Spasm of Glottis Produced by Aconite.

Editor MEDICAL WORLD:—The article "Spasm of the Glottis" in the December WORLD (pages 513-14) reminds me of a case of spasm of the glottis that I induced by administering to George Smith, a strong, healthy blacksmith, specific tincture of aconite (Lloyd's). I placed twenty drops in four ounces of water, and at once gave him a teaspoonful; he was sitting on a chair, and in an instant he sprang to his feet; he was soon purple in the face, crying My throat! My throat! Thinking that he had inhaled a few drops, I deemed it best to not repeat the aconite, and left acetanilid for him. When I called in the morning, aconite was still indicated. I stated to him that I wisht him to take another dose of the solution of aconite, and to be careful in swallowing it. As soon as he swallowed the dose he sprang to his feet crying Oh! Oh! My throat!

I was now satisfied that I had a case in which aconite was *contra*-indicated.

Utica, Mo. T. R. DICE, M.D.

The following is a good prescription to remove the taste of castor oil:

℞

Ol ricini.....
Glycerini.....
Syr. rhei aromat.....āā ʒ ij
Ol cinnamomi .....gtt j

Sig.—To be taken at one dose (adult).
Child 1 to 5 years old use āā ʒj instead of ʒij
" 5 to 12 " " " āā ʒiss " " "

D. F. EASTON, M.D.
Cornwall-on-Hudson, N. Y.

For Enlarged Tonsils.

Editor MEDICAL WORLD:—If Dr. Ochiltree, of Haddam, Kansas, who asks for a remedy for enlarged tonsils, will try pure nitric acid he will be pleased. I use it in my practise and have used it in my own throat, to destroy follicular trouble. The way I use it is as follows: I wrap a small piece of absorbent cotton around the end of a thin wooden stick and moisten this with nitric acid and apply it to the enlarged tonsil. I do not repeat the treatment until the effects of the first have entirely past off, which generally is a week. I warn the patient not to breathe while I am using the acid; the patient should take a long breath before the acid is applied and then blow the fumes from the mouth before taking another breath.

Croghan, N. Y. L. ROUCHEL, M.D.

Osmosis for Septic Conditions of the Uterus.

Editor MEDICAL WORLD:—I wish to call attention to the value of glyco-thymoline in septic conditions. I have just got on the safe side of a lymphangitis, due to direct inoculation from a parturient woman 17 years of age. It was bad enuf to enlarge even the parotid glands, as well as some of the superficial lymphatics. The uterus was completely infected and relaxt, and nothing seemed to benefit. Temperature much of the time 105½°. Almost in despair, I saturated a yard of plain gauze with ʒij glyco-thymoline, and osmosis began; the first hour the pad under patient became saturated, temperature came down to 103°, then lower, and no more trouble to worry about. This was four days ago. This evening patient ate well, temperature normal and condition good. I hope this may help some one in despair. E. A. CRAIN, M.D.

Missoula, Mont.

Catarrh.

Editor MEDICAL WORLD:—In response to the appeal of the "Doctor's Daughter," in October WORLD, page 444, I would offer the following comments and directions for the cure of her nasal catarrh. As evinced in your November number, there are many variaties of medical treatment resorted to for such a condition; quite as many as there are physicians dealing with it; most of whom would doubtless admit that a confirmed case of nasal catarrh is slow to yield to drug prescriptions and local treatment. It is also realized here and there in the profession, tho not generally promulgated, that the disease may be overcome thru a strict hygienic practise on the part of the patient. True, the physician cannot always successfully recommend such a method of cure, because the patient looks to the physician for the achievement of the cure, and shrinks from engaging himself in any painstaking or self-denying control of matters immediately pertaining to his own health. Occasionally, however, a patient has enuf of the heroic, associated with a sincere desire for recovery, to follow with faith and spirited endeavor, the physician who has been courageous enuf to emphasize the actual need and efficacy of certain omissions and commissions on the part of the patient for the regaining of health.

In this case, let the "Doctor's Daugh-

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ter" drop from her use for six months all sugar, coffee, cake, candy, and pastry; and limit her meals to two a day, using for breakfast oatmeal varied from time to time with other simply prepared grain foods, taken without sugar; fresh fruits may be also taken if craved. For dinner, not later in the day than four o'clock p. m., let her partake as freely as she thinks best of fat and lean beef, mutton or game, with accompanying vegetables and fruit without sugar, using for bread preferably a home-made article of whole wheat, made according to simplest bread-making art. 2nd. Let her exercise or work daily according to her ability in the open air. Let her get early and regular sleep, in a room to which the outside air is freely admitted during the night, and winter as well as summer.

3rd. Let her take five minutes in a warm room for a cold sponge bath over the neck, chest and feet daily; if practicable, in the morning before dressing. Let her clothing be as light in color and texture as is compatible with her comfort. The worst conditions of catarrh have been known to yield to such treatment.

I have been in medical practise over twenty years, and am by no means a believer in hygiene only for the treatment of disease. I believe thoroly in a delicate, judicious use of medicin; but also that less of drugging and more of hygiene would be better for the race. I read THE WORLD with much interest.

Nov. 11, 1901. MARMORA DEVOE, M.D.
Seattle, Washington.

Hints as to Compound Fracture.

1. Never apply a plaster splint to a compound fracture.

2. Treat the lacerations and contusions antiseptically.

3. The writer uses the Levis' metallic splint in these cases with markt success when laceration is anterior.

4. The bandage is so applied that while holding the bones, it does not cover the laceration.

5. It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroly.

6. Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

7. A little massage will quickly compensate for a trifle of disturbance of the fractured ends.

8. If pus should form, use calcium sulphid and echinacea, or icthyol; keep bowels free and apply H_2O_2, icthyol, etc., locally.

9. Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea: the surgeon.

10. Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered, try to oblige them, for that is what they pay you for.

Los Banos, Cal. DR. C. E. BOYNTON.

How to Either Gain or Lose Flesh.

Editor MEDICAL WORLD:—If I had a desire to gain flesh, I should take at least three drinks of good pure whiskey each day about meal times, either before or after meals, to be determined by its effect on digestion. I would dilute it well with water, as I have held raw whiskey in my mouth for a few minutes and noted its effects on the mucous membrane there. You don't want the stomach in like condition. I would make the drink as big as I could, not to get any intoxicating effects from the liquor.

On the other hand, if I desire to become lean, I would drink the granular effervescing salts of Vichy and Kissingen on alternate days, as suggested by Dr. Cattell, of Baltimore. I have used this treatment in my practise with fine effect. Mr. Editor, did you ever prescribe salicylic acid in one-fourth or one-half grain doses to be given before meals in a teacupful of hot water to prevent food from souring on the stomach? It will do the work for you.

I blister in pneumonia early and often.

Ruckersville, Va. JESSE EWELL, M.D.

Dr. J. L. Sanborn, of Lawrence, Mass., writes: I wish the "brethren" would again express their views on the thread-bare subject of "How to Collect." I have tried everything except shooting. THE WORLD is indispensable.

Editor MEDICAL WORLD:—In my advice to Dr. A. C. L. on page 485, in November WORLD, I am made to say one *ounce* of aqua creasote, when I meant one *dram*. I don't know whether it was my mistake or printer's.

Bloomington, Mo. J. T. KISEY, M.D.

[It was the Doctor's mistake.—ED.]

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Quiz Department.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—Female, age 32, married, two children. Always has hard, painful menstrual periods. Suffers intensely. Has been diagnosed as neuralgia of the womb. I want to know what to do for these cases to give immediate relief. YOUNG PHYSICIAN.

Missouri.

[Many dysmenorrheas have an ascertainable cause, and are susceptible of cure; but some cases seem truly idiopathic. "Immediate relief" is always attainable by stiff doses of opium or the well known chlorodyne tablet; but the opium has unpleasant sequelae and the chlorodyne formula occasionally nauseates. Two minim doses of gelsemium given for a few days before the molimen is often efficient. Try the following suppositories:

Extract cannabis indica ....grains 1¼.
Extract belladonna..... " 1¼.
Cocoa butter, enugh to make
5 suppositories.

Insert one each night for five nights before the time for the appearance of the flow.

Examin her uterus and adnexa to exclude probable endometritis or congestiv trouble. Hot sitz baths for half an hour when discomfort begins, will always aid. Any of the coal tar derivativs will help. Generally the only "immediate relief" is from opium in some form. All the other drugs named will relieve, but not "immediately." Treat her between the periods by local depleting measures, and we think in time you will have less call for the more activ drugs at the periods.—ED]

I'm a new born in the MEDICAL WORLD family, but it helped me in one case that would have gone elsewhere. It is needless to say that the case made me money.

My little girl and only child, seventeen months old, has congenital heart trouble. The foramen ovale did not close. She gets blue and has sinking spells, but if I let her inhale nit. amyl it prevents spells. Also better when I giv her strych. sul. in good sized doses three or four times a day. Can you suggest anything better?

Rural Dale, O. J. A. PARK, M.D.

[Keeping her in the position most favorable to closure of the foramen ovale (described in most works on obstetrics) is better than all the medicin you can give her. This eternal "giving,"—O! my! Intelligent *management* is the larger part of what the practise of medicin should be. —ED.]

I would like to ask the readers of THE WORLD if any of them ever use sweet spirits of niter to stimulate labor pains? My reason for asking the question is that the old physician that attended my wife with her first child used it with good success. I had never heard of it being so used before, nor have I since. He gave it in teaspoonful doses.

Wellington, O. R. HATHAWAY, M.D.

Editor MEDICAL WORLD:—I would submit the following case for your consideration. Mrs. R., 41, weight 190 pounds, married twenty-three years, mother of six children, youngest 8, has enjoyed good health up to the last year and a half. Have treated her continuously during the last six months of this time with decidedly more satisfaction to the patient than to myself. When I first saw her she was suffering with a severe gastritis which answered quickly to treatment. This condition was no doubt due to over drugging. For eighteen months she has com-

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plained of dull pain localized in a spot the size of a dollar, in the left hypochondriac region, four inches to the left and slightly above the umbilicus. This pain is continuous, but slightly affected by posture or motion, very little tenderness, decidedly aggravated by constipation, which was most markt when I first saw her. At that time she occasionally had attacks of tenesmus and colicky pain with discharge of thready mucus, after which she felt somewhat relieved. I diagnosed her case one of stercoral ulcers. The only treatment which gave her any relief was the exhibition of hydrastin ½ to 1 grain four times a day. I prescribed it in various forms but she seemed to be able to invariably discern effects. After the use of this drug for five weeks the above mentioned attacks ceast, and while I was absent on my vacation she past per rectum "a piece of flesh like a small afterbirth or a piece cut from one of the lobes of the liver" (patient at one time was a nurse), about one ounce in weight, also a similar piece one quarter as large a few hours later. This gave her relief for two or three weeks, but since that time there has been a constant development.

This patient otherwise enjoys the best of health. Menstruates regularly, enjoys good digestion and refreshing sleep. Is quite an intelligent woman and expects only conscientious and careful treatment. This I wish to give her, also a diagnosis, which I am unable to do. Can you help me? If so, pray do so at your convenience.

J. EDMUND DEHOFF, M.D.

York, Pa.

[You may have ulceration to meet, but we also believe you have a localized spasmodic condition of the bowel. We have known of a number of cases similar to this being relieved by the following method: Place one-half to a pint of olive oil in cup one foot above level of mattress at time of retiring; have a rubber tube to which is attacht a long large catheter or rectal tube; have patient lie down after filling the tube with the oil so as to expel all air, and then insert the nozzle end in the bowel as far as possible while simultaneously dropping the other end in the cup of oil. The oil will gradually enter the colon and pass upwards, but the treatment may take one-half to one and one-half hours. An assistant is desirable, but we have patients who could attend to it themselves after a few trials. If properly managed, no oil will be expelled from the bowel, and no cathartics will be needed after a few days. We have had patients tell us they could taste the oil. Bought by the gallon as Malaga oil, it is very cheap. You got relief from hydrastin because it relieved this spasmodic contraction; we believe you will get a cure from persistent use of this procedure, altho we have known of three cases which required surgical intervention. Let us hear from the case again.—ED.]

Pleuritic Empyema.

Editor MEDICAL WORLD:—I am sorely in need of advice, and know of no better source to which I can apply than THE MEDICAL WORLD. On the 29th of November I was called to see a case of empyema (pleuritic). The case has a history, but it is too long and tedious to be detailed here. It is another case where "somebody blundered." The last of March or the 1st of April last, Mr. E. complained of a pain in the left side extending across the epigastrium. Dr. M. was called in and pronounced the trouble grip, gave two or three doses of medicin and told Mr. E. that he would be all right in a day or two. Mr. E. grew gradually worse. Dr. M. was again called. This time he diagnosed disease of the stomach and liver, put him on treatment for stomach and liver and continued for some time; no improvement. Drs. C. and P. were called in consultation about the 1st of Aug. Diagnosis, pleurisy, or pleuritic empyema. Paracentesis thoracis was at once decided upon and performed; a drainage tube of flexible rubber was put in; no further treatment was prescribed. When I called, on the 29th of Nov., I found Mr. E. just as the doctors left him in Aug.; that is, with a fistulous empyema, the left side contracted, condensed lung, and chronic purulent discharge. Patient is a man about 35 years of age, is the victim of chronic specific urethritis, which he says does not trouble him much now, only enuf discharge at times to stain the linen.

How can I best get rid of that old drainage tube that has been on duty for the last four or five months? Would be pleased to have the opinion and experience of the Editor and others regarding treatment and prognosis.

J. W. BRADSHAW, M. D.

Emert's Cove, Tenn.

[The case may have been injudiciously conducted. You have nothing to do with that, if you handle it properly when it is in your charge. We presume that you have to deal with a gonorrheal infection of the pleura; but this fact does not necessarily convict your colleags of mal-practice. Be charitable. We have a vivid remembrance of being compelled to diagnose indisputable gonorrhea as "in-growing toe nail," "neuralgia," &c., for social

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and domestic reasons. We would give your predecessors the benefit of the doubt, and you may do this more easily when you reflect that a venereal patient can hardly ever be depended upon to tell the same story twice, or even to tell the truth. You have a hard case, and we wish that we might see it before giving advice; but we hope some of the following suggestions may shed some light on it and help you out of the difficulty. Your drainage tube is evidently a source of irritation, independent of the pathological condition. Remove it, after you have washt out the cavity for a few days with some mild antiseptic solution injected thru the tube. As an injection, we would suggest creolin, 3 drams to the quart; or bichlorid of mercury, 1 to 3000; or formaldehyd, 1 dram to pint. We assume that puncture was made at lower part of the cavity. We would then pack loosely with iodoform gauze, and hope for healing by granulation from the bottom of the cavity. The formaldehyd and creolin are less dangerous than bichlorid of mercury, carbolic acid solutions, or other efficient antiseptic. We would support the system with hypophosphites and easily digestible and nutritious food. Check suppuration with calcium sulfid in ½ grain doses four times daily. Endeavor to clear the lung by cautious use of iodid of potassium, in moderate dosage. The case will require close attention. It matters little whether the infection be gonorrheal, tubercular, or idiopathic; the treatment must be the same. Guard your prognosis. We wish you had told us his temperature, and given a brief family history, and mentioned particulars of his personal history, and described his cough and sputum. If there be any hope of improvement, the lines suggested above will bring it about, however.—ED.]

Flushing of the Face.

Lady, aged 27; mother of two children, 6 years and 1 year respectivly. An apparent typical specimen of health. Medium weight and height; complexion fair; eyes blue; hair dark brown. She is troubled with burning of face and neck at various times; worse at or near courses; burning flush of face and neck varies from scattered spots of red to the entire face and most of neck. Does not go below line of clavicle. Burning spells are brought on by slight nervous excitement, or quick or hurried work, especially around stove. May awaken in the morning with it to a slight degree. At times stands heat quite well without the resultant burning and flushing. Does not remember when the spells began, but thinks something like it appeared during girlhood. Has been bad for the last six years. Face was always much flusht after her courses began, at age of 13, but it has taken the form described, especially since the first child was born, at which time cervix was slightly lacerated. She may go for days without the trouble, and then have it every day, more or less. Blush at times appears in irregular spots, approximating a purplish red. Courses always scant; bowels quite constipated; appetite good; sleeps well. Habits of diet good; tea and coffee used very sparingly. Does her own work for the family of four.

Treatment:—Restored lacerated cervix. Regulated bowels, and relieved congestion of genital organs by lamb's wool tampon saturated with glycerin. Bromids and ergot in varying amounts. Courses being very slight, I resorted to venesection; some relief followed for a time.

During last pregnancy face was free from the trouble most of the time; after confinement, which was tardy and somewhat hard, the burnings returned and are now as bad as ever. Persistent uterin draining by means of tampons relieves for the time being. Have used various uterin sedativs.

Has any of the readers a case of the kind? I had the patient before a medical society. I lookt it up and used some various lines of treatment in the homeopathic way, also Schussler's ferrum phos., etc. J. H.

[You have, of course, a condition of disturbed innervation which allows certain blood vessels to dilate unduly and suddenly. The scattered and local character of the affection proves this. The condition is much the same as that found in the flushing at the menopause. The depletion of the uterus by the tampon, tablet, or suppository placed against the os uteri before retiring, will do good; but you must cure any existing endometritis by a thoro curetting followed by antiseptic treatment of the endometrium, and also steady the nerves by a continued course of the milder bromids in generous dosage. We would suggest the strontium salt combined with fluid extract of valerian. Since constipation requires laxativs, we would try salines, and by thoro examination of the urin endeavor to exclude any tendency to lithemic diathesis. We will be glad to hear from you later as to the progress of the case.—ED.]

A Fracture Case for Criticism.

Editor MEDICAL WORLD:—Last January Mr. S., age 34, was brought to my office, having sustained a compound fracture of both bones of left forearm, at junction of lower and middle thirds. The wound was small, on flexor surface, and bled freely at the time. I put the arm up in light board splints, removing

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them from time to time, watching the wound closely, and was very much gratified to see it heal by first intention, and without inflammation. When that was healed, I put a plaster cast on the arm, leaving it until March 3rd, exactly three months after the accident. At that time, to the best of my knowledge, the arm was solid and all right, and gave promise of being nearly as good as ever. I gave Mr. S. instructions about using and exercising his arm, cautioned him about trying to do too much with it, and let him go, congratulating myself in the meantime that it turned out so well, for their was no deformity, and the condition I thought almost perfect.

About a month later I was surprised to hear that my patient had been at work in the mill again, and upon inquiry learned that he had gone back to his work in two weeks after I removed the cast. After that I began to hear all kinds of rumors, and that he had gone to nearly all the physicians in the neighboring towns, but he did not come back to me about it, which I thought strange, considering I had done his work for a year before that.

A few days ago I met Dr. D., from O. Mr. S. had consulted him twice during the summer. The first time Dr. D. said he could tell nothing about it, only that there was some deformity. The next time, six weeks or two months later, Dr. D. said there was more deformity and unmistakable signs of non-union of the radius, the ulna being firm.

Mr. S. has workt right along, never losing an hour since he began work two weeks after I removed the cast, and has done some of the heaviest work, such as loading ties, etc.

Now what I want to know is: Was non-union the condition from the first? if so, what made the arm seem solid and all right when I removed the cast? I have seen cases of non-union of bones, but never one like this, for I could not detect the first symptom of non-union when last I saw the arm. Some people around here blame me, of course, and some blame the patient for the way he used his arm. I would like to read any criticisms from the WORLD readers.

Leonard, Mich. S. C. LUMLEY, M.D.

[You are not responsible for the patient's disobeyal of orders, yet it is likely that you have been over sanguine in prognosis. You gave ample time for union to occur if such was going to happen. You may have had a firm cartilaginous union which loosed from exercise. We regret that your colleag is not agreeable. We find that all over the world. If you do the square thing always, he will "hang himself with his own rope" if he acts crookedly long enuf. Even the laity learn to note these things in time, and to despise the principal actor. THE WORLD is always ready for any discussion within the realm of any branch of medicin or surgery, if it but prove of promising interest to the mass of our readers. Accusations of mal-practice always are interesting, and every doctor should be interested in them, for his turn may come speedily. —ED.]

Editor MEDICAL WORLD:—I would like some of the WORLD readers to help me in this case of dysmenorrhea: A girl 15 years old has suffered since her first menstruation, which was at the age of 12. At first her suffering was on the last day, when she would be confined to her bed for 3 or 4 hours. Her mother tells me that the last time she menstruated she suffered the first and last day. I have had this case under treatment for the past 2 months and can see no change. At present she takes codein to relieve pain. Viburum comp. has no effect on her pain. She is plethoric and weighs 130 pounds. She had what the doctor attending her called first blood poison, and afterward eczema when she was 9 years old. There is consumption in her mother's family, but her mother at present is a large, fleshy woman and enjoys good health. Mother says she was troubled the same way when she was young. This girl is well clothed and has plenty of outdoor exercise and good care. Is there any medicin that will relieve this case? or will it require an operation, such as dilation of the os? J. A. PHILLIPSEN, M. D.

Bennington, Kansas.

[Two months' treatment could hardly bring results in a case of this kind. Such cases take time, and the earlier you acquaint the family with the fact the better for you. Give her two months' treatment of peptonated iron and manganese, and if rapid improvement is not noted, write us, after you have made a rectal or vaginal examination. Better always take the rectal route in virgins. You may be compelled to dilate the os to relieve the patient, but you do not say to us that you have used all the indicated medicins. Use medicin before surgery.—ED.]

Editor MEDICAL WORLD:—Would like some help on treatment and prognosis in the following case: Child of healthy Jewish parentage had severe attack of whooping cough when one month old. Many times it was thought to be dying. Two months later its mother noticed that its left foot was turned in, and that it was weak in its back and neck. I saw it when five months old. Its brother and sister are healthy. No history of syphilis or nervous diseases in the family, and no indication of syphilitic taint in the child. It was (and is now) of medium size, symmetrically developt, nursed well, cried, laughed, could use hands and feet, but could not use muscles of back or neck. Its left foot was clubbed (talipes varus), ring and small fingers of both hands flexed, bowels and kidneys acting normally. A plaster-of-paris bandage was put on left foot and strychnin 1-100 gr. was given t. i. d.

It improved slowly, so that when one year

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old its foot was straight, could sit and hold its head up, could even stand alone while holding and use all its fingers. No medicin was given for the next five months, when suddenly and without any known cause, it grew unable to sit alone; would fall the moment it was unsupported. Its bowels were acting only every two or three days, very hard and often accompanied by blood. There has been no tenderness along spine at any time. It was given strychnin 1-75 gr., cascara sagrada aromat gtt. three times a day.

It now has one or two soft actions a day, eats and sleeps well, can sit alone a short while. It is now 18 months old, hands and feet normal, and can use muscles of neck, but can sit alone only a few seconds.

Should electricity be used? and what is the prognosis? R. L. KINCAID.

Clemma, Texas.

[You could try mild faridization for a few moments daily and gradually increase the length of application and diminish the intervals. At first ten minutes will be enuf; later 30 minute seances may be given. Make certain that the current is mild. Alternate douching with hot and cold water for ten minutes twice daily might do more good than the electricity, or can be used in conjunction with it. If it startles child or causes nervous symptoms, abandon it. Do not frighten child or worry it in any way. The prognosis is most unfavorable. You may tone the muscular system in time so that child may walk or at least sit alone, but we fear it will always be an invalid and probably become deficient mentally before puberty; the exceptional cases are brilliant intellectually while feeble physically. Treat patient as suggested and keep up your tonics, but do not commit yourself on a prognosis. Much might be done for this child by massage, given regularly every day. The muscles that are weak or undevelopt should receive special attention. By several treatments in the presence of the mother, and by carefully showing her, you could teach her how to give the treatments. Care should be taken not to overdo this treatment at first, but by careful progress from day to day, and patient persistence, much might be done for the development of this child in the course of several months.—ED.]

Editor MEDICAL WORLD:—Married lady, 28 years old, the mother of three children, the youngest being 16 months old. Since the birth of the baby she has been in a state of bad health. She says she had incomplete prolapsus uteri, which trouble has been relieved, but there is some tenderness over the region of the generativ organs yet. In June, 1901, patient was in a sand storm, from which time she has had a cough. When I was called to see patient she was expectorating yellow material, having fever every day, temp. going as high as 103°. Auscultation reveals rales in left lung; percussion reveals a dulness over left lung. Patient's appetite is usually very good, yet there is markt anemia. There is some trouble with the bowels, moving several times in the morning. Does not rest very well at night. Would be much gratified if the Editor and the WORLD family would give me a diagnosis, treatment and prognosis. Much success to THE WORLD.

Archer City, Texas. W. W. LATHAM, M.D.

[Examin the os uteri for ulceration or laceration. Deplete by glycerin tampons, or the following formula:—

Sulfate of zinc	3¼ gr.
Sulfate of soda	3½ gr.
Borate of soda	4 gr.
Boric acid	½ gr.

Mix, make a pastile or lozenge and use every third night on retiring, after a cleansing douche about the mouth of the womb. Pass pastile up to womb and allow it to remain. Next morning use a douche of tepid water.

If you use the tampons you must treat her yourself; if you use the pastiles, she can use them without bothering you. The fever and expectoration indicate advanced tuberculosis; but we have often seen a healed uterus cause the symptoms diagnosed "tuberculosis" to vanish quickly. Guard your prognosis, and examin thoroly. Check the lienteric diarrhea with:—

Sodium salicylate	2 dr.
Camphorated tincture of opium	2 oz.
Fluid extract cannabis Indica	1 dr.
Aromatic syrup of rhubarb	2 oz.
Fluid extract catechu compound	5 dr.

Mix, and give teaspoonful every 2 hours when bowels move freely, or every hour if a few doses suffice.

Give generous doses of whisky. Give her plenty of hypophosphites or codliver oil. If the oil deranges the stomach, stop it at once. The oil is best given two hours after meals.—ED.].

Editor MEDICAL WORLD:—My wife, aged 29, weight 115 lbs., height 5 ft. 2 in., in good health, all organs normal, never pregnant. She is troubled with violent dyspnea at times, coming on at any time, suddenly, and with but very little warning, and that only indicated by an irresistible desire to yawn. Sometimes it comes on just before the menstrual period, sometimes not. It seems to her that the air does not go *into* the lungs, but of course it does, for the attack lasts sometimes as long as 10 or 15 minutes. It is an indescribably distressing time with her, and seems to choke. The feeling of distress is in the throat,

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and sometimes she feels a slight pain in the chest. At these times she calls for air, wants to be fanned, &c. Her pulse is not at all accelerated. The only relief sometimes is pressing hard on the chest during expiration. I have given her whisky and ignatia and strychnin. Lobelia in small doses seems to do more good than anything I have tried. I should have said that she is very nervous, starts at any unusual noise, tho she is strong and hearty otherwise. Have I made the case plain enuf to you? What do you think of it? Can you give me a remedy?

Sutton, Neb. H. H. SCHULTZ.

[You have a case of spasmodic asthma which is either of neurotic or reflex origin, and careful study will locate the exact cause. Because of the occasional seeming connection with the menstrual molimen, we would suspect a catarrhal condition of the generativ organs. We would examin the nasal and pharyngeal mucous membranes minutely. Congested turbinates, or enlarged tonsils, or relaxt uvula, or chronic pharyngitis, will often produce such attacks as you describe. Exclude carefully any tendency to uremia. Quiet the nerves, and keep them quiet by mild sedativ medication. Once you find the probable origin of the sympton—for that is just what it is—the therapeutical route will be plain to you; or if it is not, you may communicate with us again. Until you study her case more thoroly, you may treat her empirically, according to the following suggestions. Inhalation of nitrite of amyl at onset of paroxysm is one of the best means of immediate relief; the three grain glass pearls are the best form. The patient may always carry one with her, and on the first symptom of the "yawning" prodrome, crush in her handkerchief and inhale the fumes. We think equal parts of the fluid extracts of aspidosperma quebracho and of grindelia robusta, in which is incorporated full dosage of bromid of strontium and iodid of sodium will prove a valued stock prescription for continued use. Chloral, or chloroform inhalation are more agreeable remedies than lobelia, and are generally more efficient. Daily cleansing of the turbinates with a mild alkalin wash such as Seiler's, often prevents attacks, and cocainization on the onset of the warning symptom would be indicated. The thyroids and suprarenals should be remembered if other means fail. If you go to work on the case with the enthusiasm and persistency with which you treated your first seriously ill patient, you will find and locate the cause and cure your wife. We hope our suggestions will prove of value, and that when you report the cure you will also report some of your favorit prescriptions or detail some of your interesting cases. We almost forgot to ask if you had tried the U. S. P. potassium nitrate papers by inhaling the fumes when ignited, or if you had tried the inhalation of the fumes from the following powder when ignited on a plate and covered with a funnel?

Powdered stramonium
Powdered lobelia
Powdered nitrate of potassium
Powdered black tea equal parts

Mix, and burn about half a dram on a plate and inhale the fumes.

Powdered cubebs or powdered opium improves its efficiency in some cases, but both must be used cautiously and in accurate dosage.—ED.]

Editor MEDICAL WORLD:—Will you and our readers kindly assist in diagnosis and treatment of the following case? A woman, 26 years of age, married 2 years, rather short, well built, steadily gaining in weight for the last 2 years; weight, 125, altho quite short. She, as a rule, feels very well, except at times she has a sharp, cutting pain which seems to penetrate her right lung from front to back, just above the nipple. This trouble has existed for over a year; at first it came only from some apparent cause, as a cold or much exertion, and at long intervals; but these paroxysms are coming quite often now, every few days, and last from one minute to nearly all day.

Inspection reveals no change except a slight increase in size of mammary gland. Palpation reveals an increase of vocal fremitus. On percussion there is a possible dulness. Auscultation reveals regular respiratory movements, expiratory sound very much increast and of a blowing or tubular sound. Vocal fremitus considerably increast at sub- and inter-scapular spaces. No rales. Expiratory sound follows immediately after inspiration. There is a slight morning cough, say two or three days in a week. No dyspnea, no night sweats, no history of any lung trouble.

Farmingdale, N. J. C. A. PALMER.

[We do not wish to have a "say" every time. Would rather have cases discust by the "brethren." Please feel free to reply to cases whether we reply or not.—ED.]

"Your journal is just splendid; none like it; it is par-therapeutic!—Dr. F. G. Oehme, Roseburg, Ore.

"Inclosed find $3.00 for four years' subscription to your valuable journal. THE MEDICAL WORLD has been a monthly visitor to me for about twelve years."—Dr. Edward F Hixon, Vancouver, Wash.

Dr. O. R. Young, West Rushville, Ohio, writes: "I do not know how I could get along without THE MEDICAL WORLD; and your monthly talks are 'great.' Wish you could put them on separate sheets, so we could distribute them.

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Current Medical Thought.

Formulas and Hints for Use in Pneumonia.

℞

Tincture viratrum viride .... 2 drams.

Two or three drops in water every two hours till pulse is soft and compressible. This is useful in acute croupous pneumonias in the first 24 hours, in robust patients with strong bounding pulse of high tension, but is directly contraindicated in the aged, after consolidation, and when circulation is deprest or asthenic condition is found.

℞

Tincture strophanthus ..... 2 drams.

Five drops in water every six hours, when circulation is weak.

℞

Tincture digitalis..... 2 drams.

Five drops in aromatic spirit ammonia every six hours. This will not act in hyperpyrexia.

℞

Tincture belladonna flowers.. 2 drams.

Five drops in water every four hours. This is preferably combined with digitalis, and is most useful when there is perspiration from arterial relaxation.

℞

Ipecac and opium powders.... 1 dram.

Make twenty-five capsules, and direct one every two to four hours in cases of pain, restlessness, and irritating or exhausting cough of acute croupous pneumonia.

℞

Quinin sulfate .....24 grains.
Cocoa butter..... 2 drams.

Make twelve suppositories. For a child of five years, one is past into rectum every four hours. Strength to be varied with age. Brandy by mouth when stimulation is required.

℞

Tincture of capsicum ..... 2 drams.
Tincture nux vomica .....1½ drams.
Tincture digitalis..... 2 drams.
Aromatic spirit of ammonia.. 1 ounce.
Brandy enuf to make ..... 8 ounces.

Mix.—And give tablespoonful in water every four hours in the pneumonia of drunkards.

℞

Potassium iodid ..... 4 drams.
Corrosiv chlorid of mercury.. 2 grains.
Tincture of ipecac and opium 2 drams.
Compound syrup of sarsparilla ..... 2 ounces.
Water enuf to make ..... 8 ounces.

Mix.—And give tablespoonful in water three times a day in chronic interstitial pneumonia or delayed resolution in any variety.

℞

Turpentine spirits..... 8 ounces.

Add tablespoonful to half pint of water and have simmering just short of boiling point continuously. Empty vessel, and make fresh solution every four hours. Never allow vessel to evaporate to dryness. Very valuable in all pneumonias, and especially in those of young children.

℞

Bathe chest freely with crude petroleum and cover with white flannel. Repeat every eight hours till pustulation occurs. Valuable as an adjunct to medicinal measures in children and aged adults.

BRONCHITIS.

℞

Chlorid of ammonium ..... 2 drams
Sodium salicylate ..... 2 drams
Tincture hyoscyamus ..... 6 drams
Compound mixture licorice enuf to make ..... 3 ounces

Mix, and direct a teaspoonful every three hours.

Ammonium carbonate.....30 grains
Codein ..... 3 grains
Tincture hyoscyamus ..... 4 drams
Syrup wild cherry..... 6 drams
Camphor water enuf to make 2 ounces

Mix, and direct a teaspoonful in water every two hours.

Sodium iodid.....1½ drams
Codein .....5 grains
Fluid extract grindelia.....6 drams
Syrup tolu, enuf to make.....3 ounces

Mix, and direct teaspoonful every three hours. Acts nicely in the aged. Good in "chronic winter cough." Found beneficial in asthmatic complications.

Terpin hydrate.....1½ drams
Fluid extract vanilla.....2 drams
Glycerin .....3 ounces
Alcohol .....3 ounces
Syrup enuf to make .. ..8 ounces

Mix, and direct tablespoonful three times a day.

Tincture belladonna ..... 4 drams
Dilute hydrocyanic acid.....24 minims
Syrup of ipecac ..... 2 drams
Chloroform..... 2 drams
Citrate of potash..... 2 drams
Water enuf to make..... 3 ounces

Mix, and direct a teaspoonful in water every two hours.

Codein ..... 2 grains
Ammonium chlorid ..... 2 drams
Ammonium bromid ..... 1 dram
Oil of anise..... 2 minims
Extract of licorice ..... 1 dram
Tragacanth.....12 grains

Mix, and make 24 troches, and direct one lozenge every four hours.

Terebin .....1½ drams
Eucalyptol .....1½ drams
Syrup yerba santa enuf to make 2 ounces

Mix, and direct small teaspoonful every three hours.

Syrup white pine compound .. 4 ounces

Direct a teaspoonful in water every two or three hours.

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Syrup squill.....	1 ounce
Fluid extract grindelia	4 drams
Fluid extract quebracho.....	4 drams
Alcohol or glycerin enuf to make.....	3 ounces

Mix, and direct a teaspoonful in a little water every four hours in cases of asthmatic tendency, or even in cases of chronic asthma.

Extracts From Vecksl's Sexual Impotence; Third Edition, Just From the Press.

This is an intensely interesting work, for many reasons. It treats of matters which vitally concern the majority of our patients; it is almost unique in style and subject; it might be styled revolutionary in its utterances; it is profuse in valuable suggestions as to therapeutics and remedial measures; the value of its text induces us to give more space to the author's views than we can devote in the reviewing column. We do not especially commend the book more than we do those upon the same subject from other presses, but many utterances are worthy of more than passing attention, since medical literature is poverty stricken along this line. The following quotations are taken verbatim:

"An erection may take place without excitement by reflex action; but such an erection is not sufficient for coitus without the addition of sexual erethismus. When nature has done her work of bringing the man to maturity, when the testicles have produced sperm, and that sperm is thrown out by pollutions, when the youth's whole being is undergoing a radical change, then I cannot understand why he should not satisfy that impetuous, irresistible longing; why should he be condemned, in the best part of his life, to become an onanist or to lose his power by pollutions."

"The assertion is met with in old books, and has been copied into modern ones, that persons affected with phthisis are generally apt to commit sexual excesses. I most emphatically deny this. As a rule, phthisics are not much inclined to physical love."

Among the causes which affect virility, the author enumerate diabetes, obesity, anemia, severe colds, disease of the central or peripheral nerve apparatus, neurasthenia, lesions of the brain or spinal cord, diseases of the sexual organs, poisons, medicaments and foods, alcohol, tobacco, arsenic, lead, mercury, salicylic acid, camphor, antipyrin, etc. "If coition were to be accomplisht only when a woman is to be impregnated, then most men would become impotent from continence, and a great many would become insane. [The book teems with such ultra radical assertions.—Ed.] The Talmud prescribes one act of coitus a day for a man in comfortable circumstances; two per week for a mechanic; and only one per week for scholars and laborers. I never saw the fearful consequences of excesses as they are described in books. I never saw one case of frequent pollutions or spermatorrhea caused by excess in venery. Fournier's report proves that of 109 people at least 97 have practised onanism at some time. I have no great faith in absolute continence, and believe the continent, with very few exceptions, to be onanists. We know that absolute continence is attended by bad consequences. [How about the health of Catholic priests?—Ed.] The use of vaginal suppositories, a well made and sufficiently elastic condom, a Paris sponge, an occlusiv pessary, or similar arrangements certainly has no injurious effect on the man, and I venture to assert, no harmful effect on the woman. The theory of the cooling of the uterus by the ejaculated semen, advanced by Mayer and Devay, has no foundation whatever. The circumstances are far more favorable for the man than for the woman when the penis is withdrawn the moment before ejaculation. For him the erethismus ends with the act of ejaculation, and he does not suffer in any way if a smaller quantity of sperm is emitted in consequence of the premature ceasing of the movements of coition. Matters are different with the woman; she is sometimes in the midst of a most intense organasmus venereus when the cessation of the friction occurs suddenly, and this may cause disturbances in the nervous as well as in the sexual system, for it must be assumed that the effect of an abnormal act is injurious." [We quote without comment. We note that many of his utterances are therapeutically and morally anarchistic. He ignores morals and religion, and calls on us as physicians instead of Christians or men. We fear he has too greatly elevated the sexual feeling; but what he says is enuf to impress any thinker. His statements at times appear contradictory. We do not wish to open our columns for discussion of this subject, and must ignore all communications bearing on it.—Ed.]

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Poisons.

Minimum Dose Which Has Caused Death and Maximum Dose Followed by Recovery.—Tyson.

Name of Poison.	Minimum Dose which has Caused Death.	Maximum Dose with Recovery.	Usual Fatal Dose.	Fatal Period.
Aconite.	From merely tasting Fleming's tincture to f3j Fleming's tincture.	f3iij Fleming's tincture.		Usually three or four hours.
Alcohol.	½ pint gin, 2 bottles of port (11 oz. 29.57)(c.c. alcohol). In a boy of seven years, 120 c. c. brandy.	1 quart gin (946 24 c. c.); 1 quart whisky (946 24 c. c.); 2 bottles port; 1½ pints (236.56 c. c.) mixt gin and brandy.		Half hour to several days.
Ammonia.	f3 (7.4 c. c.) aqua ammonia fortior.	f3j (29.57 c. c.) aqua ammonia fortior.	f3ss (15 c. c.) aqua ammonia fortior.	A few hours, months or even years.
Antimony (Tartar emetic).	2 grains (0.132 gm.) ¾ gr. (0.0495 gm.) in a child.	3ss (15.84 gm.).	3j (4 gm.).	One hour up to several days.
Arsenic.	Less than 1½ grains (0.099 gm.).	3j to 3ij (3.96 to 7 92 gm.). Recovery probable after 1 grain.	1½ to 2½ grains (0.099 to 0.165 gm.).	Death usual within twenty-four hours.
Atropin.	2 grains (0.132 gm.). 1 80 grain hypodermically; 1-12 gr. by stomach.	1½ grains (0.066 to 0.099 gm.) Child two years old, 1 grain (0.066 gm.); child four years old, ½ grain (0.033 gm.).	½ to ¾ grain (0.033 to 0.049 5 gm.).	Death usually within twenty four hours.
Belladonna.	f3j (3.7 c. c.) of the liniment.	f3ss (15 c. c.) liniment, 11.88 gm. extract, f3iij.		Death usually within twenty-four hours.
Carbolic Acid.	f3j (3.7 c. c.).	f3j (3.7 c. c.).	f3ss (14.785 c. c.) of the pure, f3j (3.7 c. c.) of the impure acid.	Death usually within an hour.
Chloral.	10 grains (0.66 gm.).	460 grains (30.36 gm.).		
Chloroform.	15 drops (0 9 c. c.) inhaled; (0 15 gm.) internally.	f3ij (120 c. c.) internally.		
Cocain.	⅛ grain, in a child of eleven in 40 seconds; 12 grains injected into urethra; 24 grains injected into rectum.	24 grains by the stomach.		Half hour or less.
Colchicin and Colchicum.	⅛ grain (0 022 gm. alkaloid); f3iiss wine of root; f3iiiss (12.25 c. c.) of root.	f3j wine (29 55 c. c.) ¾ grain alkaloid.		Twenty-four hours.
Copper Subacetate.	1 ounce.			Four to twelve hours.
Copper Sulfate.	Child, sixteen months old, from merely sucking crystals. In adult, 1 ounce.	1 ounce in an adult.		Four to twelve hours.
Digitalis.	Uncertain.	Two ounces tincture, one dram powder.		About twenty-four hours.
Gelsemium and Gelsemin.	f3j fluid extract. 12 minims fluid extract, in a child.			Three to four hours.
Hydrochloric Acid.	½ ounce in an adult, in a child, f3j.		½ ounce for an adult; for a child, f3j.	From a few hours to many weeks.
Hydrocyanic Acid.	Minims 45 diluted acid (2 per cent.); insensibility from merely the smell of the strong acid.	f3j Sheele's acid (4 per cent.).	Minims 45 to f3j.	Ten to fifteen minutes.
Cherry Laurel Water.	f3ij (60 c. c.).			
Oil Bitter Almonds.	17 drops (contains 10 to 15 per cent. HCN).		10 to 30 drops.	
Potassium Cyanid.	5 grains.	f3iv (15 c. c.).	3 to 5 grains.	
Iodine.	20 grains.			
Iodoform.		3iv (16 gm.).		
Lead Acetate.		f3j.		Few hours to several days.
Goulard's Solution.		3xij (360 c. c.).		
White Lead.		3j (32 gm.).		

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POISONS.—CONTINUED.

NAME OF POISON.	MINIMUM DOSE WHICH HAS CAUSED DEATH.	MAXIMUM DOSE WITH RECOVERY.	USUAL FATAL DOSE.	FATAL PERIOD.
Mercury Bichlorid.	3 grains (0.196 gm.).	3j (32 gm.).	3 to 5 grains, 50 per cent. of cases fatal.	From ten hours to eleven days.
Morphin.	¾ grain (0.0495 gm.).	75 grains (4.95 gm.).	2 to 6 grains.	Seven to twelve hours.
Nitrobensol Oil of Mirbane.	From merely tasting it to 8 or 9 drops. (0.4 to 0.54 grm.)	3ss (1 85 c. c.).		Four to five hours.
Opium.	f3ij (7.4 c. c.) laudanum; 2½ grains of the extract; 2 or 3 drops laudanum in a very young child.	f3ij laudanum.	4 to 5 grains.	Seven to twelve hours.
Oxalic Acid.	3ij; 3j in a boy of sixteen.	3ss (16 gm.).	3ss (16 gm.).	Within one hour.
Phosphorus.	Less than 1 grain. Child died from sucking two matches. Another from swallowing the tops of eight matches.	After sucking 300 matches.	Less than one grain.	One to five days.
Caustic Potash.	40 grains (2.64 gm.).		Half a dram.	
Saltpetre.	1 ounce (32 gms.).	Two ounces (64 gm.).	One to one and one-half ounces.	A few hours.
Silver Nitrate.	30 grains.	One ounce.		
Strychnin.	1-16 grain in a child of 2½ years. ¼ grain in an adult.	40 grains.	⅛ to 1 grain.	Five minutes to several hours. In adult cases, after the fourth or fifth paroxysm; children after the first to third convulsion.

—Tyson's Practise of Medicin, 2d Edition, 1900.

States and Territories Not Requiring Examination.

Referring to your reply to "R. K." in this month's Clinic, permit me to furnish you the following list which is "up-to-date."

Alaska.—There is no law regulating the practise of medicine in this territory. Itinerant physicians pay license of $50 per annum.

Arkansas.—Practically no law exists. Diplomas are registered with the county clerks, who are the sole judges of the validity of the degrees; county boards examine non-graduates, but as diplomas are easily obtained the boards are seldom called upon. The certificate of the Board of Examiners gives license to practise in that county or "into any into which his practice may extend, so long as his residence remains in the county wherein his certificate is issued."

Colorado.—Graduates of medical schools in good standing, recognized by the Illinois State Board of Health, licenst without examination.

Indian Territory.—Each nation has its own laws; in some an examination is required; in others, not. It is said that in all, the laws are practically a dead letter.

Kentucky.—Graduates of reputable medical colleges endorsed as such by the State Board of Health licenst without examination.

Michigan.—The Board of Registration in Medicine of this state is empowered to license without examination "graduates of * * * reputable colleges of medicine having at least a three years' course of eight months in each year, or a course of four years of six months in each year, * * as shall be approved and designated by the Board of Registration.

Nebraska.—Practically the same as in Kentucky. Applicants graduating after July 1, 1891, must have attended three courses of lectures of six months each in three separate years. Applicants graduating after July 1, 1898, must have attended four courses of lectures in four separate years.

Nevada.—The phraseology of this law of this state is vague and indefinit. It would appear that certificates can be issued to the follow persons without examination: (*a*) graduates of reputable and legally chartered medical institutions of the United States, which are in good standing with the Board; (*b*) persons who have received licenses from the State Examining Boards of any state of the United States "Providing the holder of said State Certificates has been practising in this state (presumably Nevada) for at least five years.

New Mexico.—Graduates of medical colleges in good standing with the Board licenst without examination. All graduates after July 1, 1897, must have taken four courses of lectures in four separate years. Graduates from July 1, 1890, to July 1, 1897, must have taken three courses of lectures in three separate years.

Oklahoma.—Graduates of reputable medical colleges licenst without examination.

Rhode Island.—Practically the same as in Kentucky.

South Dakota.—Graduates of lawful medical colleges who have attended three courses of lectures licenst without examination. The requirement of three courses does not apply to applicants who obtain diplomas prior to 1893.

Tennessee.—Graduates in medicine from the medical colleges of Tennessee before June 30,

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1902, licenst without examination. An examination required of all others.

Vermont.—Practically the same as in Colorado.

Wyoming.—Graduates of certain "Schools of recognized merit" licenst without examination.—JAMES A. EGAN, Secretary Illinois State Board of Health, Springfield, Ill., in Alk. Clinic.

A Christian Science Prayer Against Dyspepsia.

"Holy Reality! We BELIEVE in Thee that Thou art EVERYWHERE present. We *really* believe it. Blessed Reality, we do not pretend to believe, think we believe, believe that we believe. WE BELIEVE. Believing that Thou art everywhere present, we believe that Thou art in this patient's stomach, in every fiber, in every cell, in every atom, that Thou art the sole, only Reality of that stomach. Heavenly, Holy Reality, we *will* try not to be such hypocrites and infidels as every day of our lives to affirm our faith in Thee and then immediately begin to tell how sick we are, forgetting that Thou art everything and that Thou art not sick, and therefore that nothing in this universe was ever sick, is now sick, or can be sick. Forgive us our sins in that we have this day talked about our backaches, that we have told our neighbors that our food hurt us, that we have mentioned to a visitor that there was a lump in our stomach, that we have wasted our valuable time, which should have been spent in Thy service, in worrying for fear that our stomach would grow worse, in that we have disobeyed Thy law in thinking that some kind of medicin would help us. We know, Father and Mother of us all, that there is no such thing as a really diseased stomach; that the disease is the Carnal Mortal Mind given over to the World, the Flesh, and the Devil; that the mortal mind is a twist, a distortion, a false attitude, the HARMATIA of Thought. Shining and Glorious Verity, we recognize the great and splendid FACT that the moment we really believe the truth, Disease ceases to trouble us; that the Truth is that there is no Disease in either *real* Body or Mind; that in the Mind what *seems* to be a *disease* is a False Belief, a Parasite, a hateful Excrescence, and that what happens in the Body is the shadow of the LIE in the Soul. Lord, help us to believe that All Evil is Utterly Unreal; that it is silly to be sick, absurd to be ailing, wicked to be wailing, atheism and denial of God to say "I am sick." Help us to stoutly affirm with our hand in Your hand, with our eyes fixed on Thee, that we have no Dyspepsia, that we never had Dyspepsia, that we will never have Dyspepsia, that there is no such thing, that there never was any such thing, and that there never will be any such thing. Amen."

[The above is a prayer for a dyspeptic, drawn up by Mr. Hazzard, president of the New York School of Primitiv and Practical Christian Science. This is a sample of Christian Science from a high authority. When your patients ask you questions about Christian Science you can merely show them this sample and ask them if they want to adopt that treatment for dyspepsia. This sample will doubtless satisfy them.—Ed. M. W.]

Nicholas Senn Prize Medal.

The Committee on the Senn Medal beg leave to call attention to the following conditions governing the competition for this medal for 1902:

1. A gold medal of suitable design is to be conferred upon the member of the American Medical Association who shall present the best essay upon some surgical subject.

2. This medal will be known as the Nicholas Senn Prize Medal.

3. The award will be made under the following conditions: *a.* The name of the author of each competing essay shall be enclosed in a sealed envelope bearing a suitable motto or device, the essay itself bearing the same motto or device. The title of the successful essay and the motto or device is to be read at the meeting at which the award is made, and the corresponding envelope to be then and there opened and the name of the successful author announced. *b.* All successful essays become the property of the Association. *c.* The medal shall be conferred and honorable mention made of the two other essays considered worthy of this distinction at a general meeting of the Association. *d.* The competition is to be confined to those who at the time of entering the competition, as well as at the time of conferring the medal, shall be members of the American Medical Association. *e.* The competition for the medal will be closed three months before the next annual meeting of the American Medical Association, and no essays will be received after March 1, 1902.

Communications may be addrest to any member of the committee, consisting of the following: Dr. Herbert L. Burrell, 22 Newbury Street, Boston, Mass.; Dr. Edward Martin, 415 South Fifteenth Street, Philadelphia, Pa.; Dr. Charles H. Mayo, Rochester, Minn.

"The Limitations of Homeopathy" is the title of a noteworthy article by a good homeopathist, Dr. Morse, in a good homeopathic journal, the *Hahnemannian Monthly* for November. Dr. Morse wisely and seriously shows that the law of similia is "so modified by other physical laws" that it stands only as one factor in the healing of the sick. It is, he says, little less than sacrilegious, anything but progressiv, to accept, teach, and practise the precepts entire of a man who lived nearly a century ago. "I believe there are times when homeopathy is not only *not indicated* (author's italics), but when its use is a loss of time and a resultant danger to the patient." A number of instances are cited in which the search for the "similar" remedy "allows lesions to develop that are not amenable to any treatment." Mercury is advised in sufficient doses to arrest the progress of syphilis,

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other drugs "in physiologic doses," quinin as an antidote in malaria, etc. "If a patient is poisoned, no matter whether by syphilis, malaria or strychnin, the poison must be antidoted." "The law of *similia* is universal, but limited in its application." We heartily commend the position taken by author and editor. In the interests of professional unity it is a most hopeful sign and proof of progress.—American Medicine.

British and American Spelling.

While the new Oxford Dictionary still retains the u in honour, it is noticeable that it has accepted the American spelling of organize for the English organise. The spelling reform has to win its battles first in this country, for Britain is as conservativ in orthogrophy as we are in theology. Of the new spellings suggested by the American Philological Association in 1883, a few, like catalog, esthetic, epaulet, and program have become quite familiar, tho, not at all general, while, tho, hypocrit, fonetic, thoro, thru, thruout, and a series of words like pedagog, are seen more or less in their amended forms, especially in educational and scientific publications. But the progress in these eighteen years has been slow, and by the rule of three, it might take a few thousand years, at this rate, to make English as well spelt a language as, for example, the Spanish or German. By and by the cry of the children will be heard, the cry of protest against the outrage which robs them of two years wasted in learning to read and spell. A Sioux Indian, with a Dakota Primer, or a German boy, learns to read his native tongue in a few months, while it takes one of our bright children years to accomplish the feat. And we ridicule the Chinese!—The Independent.

A number of medical societies have past the following resolution, and other medical societies, both county and state, are requested to pass it:

Resolved, That we are in favor of the establishment of a Psycho-Physical Laboratory in the Department of the Interior at Washington for the practical application of physiological psychology to sociological and abnormal or pathological data, especially as found in institutions for the criminal pauper and defectiv classes and in hospitals, and also as may be observed in schools and other institutions.

PHTHISICAL COUGH.

℞

Codein.....		25 (gr. iv.)
Ac. hydrochl. dil.....	2	(dr. ss.)
Spir. chloroformi.....	6	(dr. iss.)
Syr. limonis.....	30	(dr. j.)
Aquae.....ad.	120	(oz. iv.)

M. ft. emuls. S.—Teaspoonful at frequent intervals.—Murrell, Med. Rev. of Reviews.

Ratio of Doctors.

The census shows that there is one registered physician to every 655 people in the United States, while in Germany, in 1898, there was but one doctor to each 2,114 of population. Some States, however, have proportionately more practitioners than others. In California, for instance, the ratio is as one to 416, while in North Carolina it is as one to 1,189. This disparity is particularly pointed sometimes in States similarly situated—Michigan's ratio is as one to 570, Wisconsin's proportion but one to 936, and Minnesota has but one doctor to each 1,004 people.—American Medicin.

Administration of Male Fern.

The nausea and emesis so common after the administration of oleoresin of male fern may be eliminated by the use of the following combination in conjunction with it:

℞

Cocain hydrochlorat.....	gr. 2½
Extract of belladonna.....	gr. 3
Valerian water.....	dr. 2½

A few drops before and during the administration of the male fern.

It is of course necessary to be cautious as to the dosage, since the 150 drops contains so much of the belladonna and cocain. (Dr. Flesh, in La Presse Medical, ix., No. 15.)

Dr. S. J. McElroy, of Seneca, S. C., has found the following to be fine in hysteria and in spasmodic diseases:

℞

Pot. bromid.....	℥ij
Heffman's anodyne	
Tr. lavender comp.	
Spts. ammonia arom.	
Tr. valerian arom.....	āā ℥j
Aquae q. s.	℥vj

Sig.—Teaspoonful in water every 2 to 4 hours.

Sodomy and Pederasty.

These habits are so abominable, so disgusting, so filthy, and worse than beastly, that the medical profession, from a sense of decency and respect, are loth to write about them, or even to discuss them with other physicians. Yet they are, I am sorry to say, so commonly practised, that I believe it is the duty of the medical profession to direct more attention to them than they do. They should at least in all suspected cases use their influence against such a loathsome habit.

They should impress upon the minds of their patients the injurious and harmful effects resulting from such practises physically and, of course, mentally and morally.

Sodomy or pederasty means unnatural intercourse in all ways. Whether this may be between man and man, man and woman, or man and woman and beast.

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Between man and man, it is sodomy; between man and woman, that is where the male organ is introduced into the rectum, it is pederasty. Where the male organ is introduced into the mouth of either male or female, it is commonly called mouth sucking.

These unnatural methods of intercourse produce disease quite frequently.

It has been my lot as a rectal specialist to see a number of diseases of the rectum produced in this way.

Bad as the practise is becoming in America, I do not believe it is so often resorted to, to gratify the passions, as it is in some other countries.

France, I think, leads the list at the present time in regard to sodomy and pederasty, altho Austria, Germany, Asia and China are strong seconds.

The practise in the United States has been restricted to a great extent to soldiers, sailors, miners, loggers, campers, and others whose occupations separate them for the greater share of the time from women.

It is, however, becoming quite common in our large cities, where this condition does not exist.

There are those to be found in every city amongst both males and females who devote their time to it and reap quite an income from it. I have reason to know that in some cities there are regular schools or supply houses where men can select man, woman or boy, for a stipulated price, for this purpose.

In my own city a number of instances have become public where young men, middle-aged men and the aged even, have made a regular business of using their mouths for this purpose.

I have now under treatment a young man who has syphilis acquired in this way.

The professional pederast has a pale face, a dirty skin, rather jaundiced, and in the male a feminine appearance. I do not believe that an absolutely healthy male or female will ever become a pederast. I do not believe that a healthy male will ever become the passive agent in sodomy. I mean the receiver of the male organ.

Pederasty produces an excessiv development of the buttocks—the hips enlarge. There is a deprest infundibuliform appearance of the anus. The external sphincter becomes relaxt, and the folds disappear. This results in soreness of the anal mucosa, incontinence of feces, ulcerations, and fissures. I have seen hemorrhoids, and I believe one case of cancer, result from sodomy. I have seen gonorrhea and syphilis result from both sodomy and pederasty. This may be the case, either in the activ or the passiv agent. Prolapse of the anus may result from the continued distention of the muscle.

We will notice in the active pederast—that is, if he has been indulging in the practise for some time—that the penis is small and diminishes in size toward the glans. This is not always the case, for sometimes the penis is very large.

There must be something extremely fascinating and satisfactory about this habit; for when once begun it is seldom ever given up.

We find this condition in those where there is enforced abstinence from natural sexual intercourse; in those who have become satiated with normal intercourse, and who are to a certain extent impotent. Of course, so far as moral ideas are concerned, they are depraved. They resort to this nasty practise to try to excite their lust and virility. I believe actually they acquire a disgust for women.

This may be caused by frequent masturbation continued for many years. Mental disease may produce this condition; at any rate, if continued for any length of time it is apt to produce mental disease. I am satisfied that we find that sodomy and pederasty are practised to a greater extent among the low and degraded than it is among the better classes. Sometimes men become so disgusted with females—that is, certain females—that they are incapable of any sexual intercourse with them, and still can be very active pederasts. This, of course, is an abnormal condition; but the whole thing is abnormal, and bordering upon insanity—or at any rate upon total depravity.

We may name the diseases that are contracted by sodomy or pederasty as hard chancre, chancroid, proctitis, fissure, ulceration, abscess, condylomata, gonorrhea, fistula, lacerations, abrasions, deformity of the anus, relaxt sphincter, hemorrhoids, etc. Of course, all of these diseases should be treated as we would treat them in any other part of the system.

It is a fact that we have what may be called rectal masturbation. This we find

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practist by old men who have lost sexual power and cannot obtain satisfaction in the natural way. I mean that they become passive agents for this purpose. Sexual orgasm may be produced in this way when no other means will do it. We find instruments of various kinds are used for this purpose: the finger, candles, bottles, walking sticks, rectal bougies, condoms, etc., are resorted to. I once removed a bottle from the rectum of an old gentleman who had been using it for this purpose and it had slipped out of his hand. I found it above the sphincter muscle.—Dr. G. J. Monroe, Louisville, Ken., in St. Louis Med. Era.

Dr. ——, Rhode Island: Use cicutin hydrobromate gr. $\frac{1}{10}$ t. i. d; also strych. nit. gr. $\frac{1}{10}$ and zinci phos. gr. $\frac{1}{8}$, 3 times a day, for your nervousness and note results. Don't keep any of them up too long. (Pages 527-8 December WORLD.)

Let Dr. J. I. T. Long use hypodermically 20 minims of Aulde's nuclein and 3 gr. of urea twice a day. Internally iodoform, strych. arsenate, and cod liver oil; good hygiene; physical exercise and a good rich diet of meats. (Page 521-2 December WORLD.)

Butler, Pa. H. J. NEELY, M.D.

Dr. J. L. Short, of Oklahoma City, Okl., is compiling a book of ghost stories by physicians, and wants a few more good stories from the profession.

Recent Books.

The Pathology and Treatment of Sexual Impotence. By Victor G. Vecki, M.D. Third edition, revised and enlarged; 12mo., 329 pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $2.00 net.

The reading part of the medical profession of America and England has past judgment on this monograph. The whole subject of sexual impotence and its treatment is discust by the author in an exhaustiv and thoroly scientific manner. The former edition was exhausted in less than two years. In this edition the book has been thoroly revised, and new matter has been added, especially to the portion dealing with treatment.

The subject of impotence has but seldom been treated in this country in the truly scientific spirit that it deserves, and this volume will come to many as a revelation of the possibilities of therapeutics in this important field.

It is a well-written, scientific work, and can be recommended as a scholarly treatise on its subject. Sixty-eight pages are devoted to treatment. Many of the views exprest will not find hearty acceptance with American physicians, but they are honest, and as the fruit of long observation and extended experience are entitled to our thoughtful study and profound respect. This work will do more to save deluded humanity from the clutch of the charlatan than any work extant.—A. L. R.

Progressiv Medicin, Vol. I, 1901. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 490 pages, 11 illustrations. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

This old favorit loses nothing with age; this volume is one of the best yet issued. The first section is by DaCosta, on surgery of the head, neck, and chest; and it is a superb article. He refers especially to the recent methods of dealing with pericardial effusions, surgery of the lungs, and plastic and cosmetic operations. Dr. Packard writes on acute infectious diseases, and devotes considerable space to the valuable literature which has accumnlated in the last year. Dr. Crandall treats of disorders of childhood, and surgery in childhood. Dr. Turner has a good article on Laryngology and Rhinology. Dr. Randolph treats on otology. Every contributor is a master in both clinical work and didactic teaching, and the book can not help but win favor and friends.—A. L. R.

The Acute Contagious Diseases of Childhood. By Marcus P Hatfield, A.M., M.D., Professor Emeritus of Diseases of Children. Northwestern University Medical School; Professor of Diseases of Children, Chicago Clinical School; Attending Physician, Wesley Hospital. Pages 142. Price, $1.00 net. G. P. Engelhard & Co., 358-362 Dearborn St., Chicago. 1901.

Nothing original has been attempted in this admirable little work; the author merely wishes to place the latest views of the prominent pediatricians of the world in convenient form for ready reference. He has succeeded famously, and the book will sell well. "Cuban Itch" is considered, and we do not discover anything of importance which has been omitted. Raw edges; uniform with other similar works from this house; the low price and the complete work which we find in the dollar books put out by these publishers convinces us that they have made a successful venture. Those who can not get the larger and later works on pediatrics, will find information here.—A. L. R.

Progressive Medicin, Vol. II, June, 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 460 pages, with 81 engravings and one full page plate. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, $10.00 per year.

This issue contains "Surgery of the abdomen, including hernia," by Wm. B. Coley; Gynecology by John G. Clark, M.D.; Diseases of the blood and ductless glands. The hemorrhagic diseases. Metabolic diseases by Alfred Stengel, M.D. Opthalmology by Edward Jackson, M.D. Every article is of the highest merit, and the book is one of the most valuable of this excellent series. The cuts illustrating Gordon's operation for femoral hernia are remarkably good, as are also those from Kelly illustrating operations on the uterus. Those who have any of the series will want this book; and those who have never

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seen the series cannot do better than begin with this one.—A. L. R.

Coakley on the Nose and Throat. The Diagnosis and Treatment of Diseases of the Nose, Throat, Naso-Pharynx and Trachea. For the use of students and practitioners. By Cornelius G. Coakley, M.D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (2d) edition. In one handsome 12mo. volume of 556 pages, with 103 engravings and 4 colored plates. Cloth, $2.75, net. Lea Brothers & Co., Philadelphia and New York, 1901.

A new chapter has been added on the affections of the upper respiratory tract in the infectious diseases, which is of particular interest to the general practitioner. Two new plates and eleven new illustrations are included. This little book has won deserved success in its first edition, and this issue is a great improvement over the first. The short yet clear article on therapeutics will be appreciated by the general practitioner. There is no other work at the price which will so well meet the requirements of the general practitioner.—A. L. R.

International Clinics. A quarterly of Clinical Lectures and Especially Prepared Articles on Medicin, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners. By leading members of the profession thruout the world. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, Pa., Vol. I. eleventh series, 1901. Publisht by J. B. Lippincott Company, Philadelphia. Price $2.00

It has been said that the series for 1900 could never be duplicated. But more is done in this opening volume; it excels last year's work. Notes on New Remedies could not be more practical. Renault writes on chronic gonorrhea. Hallopeau on eczema. Shaw on aortic aneurism. Doleris on obstetrical analgesia by means of lumbar cocain injections. It is impossible to even name the good articles, but the book is replete with practical and ably written chapters. —A. L. R.

What is a Kindergarten? By George Hansen. Publisht by Elder & Shepard, San Francisco, Cal. Price 75 cents, net.

A little 76 page book on the economical use of ground for purposes of making children happy, and for making beauty spots of lawns. It is plain, concise, and complete in detail and directions for making the most of small plots of ground. It is written by a landscape architect of skill and experience. It treats upon all the more important plants for the lawn, and has nine plates illustrating plans. Any one thinking of making a lawn may well purchase it.—A. L. R.

Induction Coils and Coil Making. How to make, use, and repair induction coils. By Norman H. Schneider. Second edition, revised and much enlarged. Publisht by Spon & Chamberlain, 12 Cortlandt St., New York, N. Y., and E. & F. N. Spon, Ltd., 125 Strand, London, 1901. Price $1.00, net.

Contains 265 pages and a good index. Gives complete instruction on the construction and nature of the induction coil. The cuts are plain. The printing is good and the language easily understood. It will be appreciated by any one interested in coils.—A. L. R.

The Mind and its Machinery. By V. P. English, M.D. Publisht by Ohio State Publishing Company, Cleveland, Ohio, 1901. Price not given.

Contains 200 pages of a peculiar blending of anatomy, psychology, etc., being intended for the laity. It purports giving a scientific basis for reading character," and includes a "description of the body and mind." The illustrations include ex-President Cleveland, King Edward VII, Ella Wheeler Wilcox, etc., and from these the author seeks to illustrate the predominant traits of such well known personages as shown by their physiognomy. The work is only large enuf to cause ripples on a boundless sea, but some parts of it may make men think more and read more —A. L. R.

The Materia Medica of the Hindus. By Udoy Chand Dutt, Late Civil Officer Serampore; with a glossary of Indian plants by George King, K. C. I. E., F. R. S., Supt. Royal Botanical Garden, Calcutta, India. Revised edition. Publisht by Dwarkanath Mukerjee, 146 Lower Chitpore Road, Calcutta, India. Price not given.

Contains 325 pages with an index. There is abundant reference to old Sanskrit text. Much native type is used. Ancient medical lore has been incorporated; lizards, etc. The volume is interesting and amusing. It is not of further interest to American physicians, since there is no method of investigating the unknown remedies exploited. We give the book space as a curiosity which may interest a few readers.—A. L. R.

The Microbe-Producing-Disease Theory Inconsistent with the Law of Nature. How Diseases are Produced. A New Physiological Law Promulgated. By Prof. J. P. Schmits, M.D., 1321 Twenty-first street, San Francisco, Cal. Publisht by the author. Price, 50 cents.

This book proves:—

1. What microbes are.
2. That microbes exist in the most healthy body.
3. That the presence of microbes simply is not injurious to the body.
4. That the decomposed matter contains the poison that causes disease.
5. Why microbes exist, and why they must exist.
6. That animal and vegetable life would have been extinct long ago, if it was not for the microbes.
7. How diseases are produced.
8. It proves how *auto-toxine* (poison in the body) is produced.
9. It proves what becomes of quinin in the body and how it acts physiologically in curing disease.

And adduces many new theories which may be called weird.—A. L. R.

The Ready-Reference Hand-Book of Skin Diseases. By George Thomas Jackson, M.D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. New (fourth) edition, thoroughly revised. In one 12mo. volume of 617 pages, with 82 engravings and 3 colored plates. Cloth, $2.75 net. Lea Brothers & Co., Philadelphia and New York, 1901.

This edition is an improvement on the earlier editions, which were so popular with the profession. The work has been brought strictly up to the latest information. Much has been added, yet the book remains of the same size, since much obsolete matter has been removed. The plates on small pox are exceptionally fine. New sections are noted on various forms of acne, carate, craw-craw, endothelioma, Fordyce's disease, impetigo, lichen, granuloma necrotica, pityriasis, and verruga peruana. As the work is now issued, it is one of the best books which the general practitioner can purchase, since it

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is not only complete and up to date, but it contains many valuable prescriptions for all the commoner skin affections.—A. L. R.

Our Monthly Talk.

Several weeks ago I attended a lecture on Democracy given by Lyman Abbott, D.D. One of his deep and brilliant thoughts I wish to give you here. Speaking of the rapid accumulation of wealth in these "rapid" days, he said: Commodore Vanderbilt at his death was reputed to have been worth $200,000,000. In order to help us to appreciate the meaning of two hundred millions of dollars, let us put it in this form: Let us, for the moment, accept the orthodox theory that the world is six thousand years old, and that Adam (created at the end of the first week of the first year) began saving and putting in a place of safety *one hundred dollars per day*, beginning on the first day of his life and continuing at this rate during all the intervening ages and centuries to the present time, putting in 300 working days per year, and never having a vacation nor any sickness, his savings (interest not considered) during all this time at the rate of $100 per day would not amount to as much as the fortune that Mr. Vanderbilt accumulated during the comparativly few years of a single life time. It must be remembered that the elder Vanderbilt began life with comparativly nothing, and did not have the advantage of a fortune to begin with.

Doesn't this sound like a fairy story? Isn't it simply beyond belief? It seemed so to me. How many days of your life have you been able to make and get $100 clear above all expenses? Suppose you were able to do so every day, and that your father and your grandfather and your ancestral line back to the Revolution had been able to do so, and that each generation had handed the savings intact down to the next generation, and so on at the steady and unceasing rate of $100 per day clear, until the entire precious inheritance was turned over to you, to be so increased every day by you, how much do you think you would have? A mere pittance compared to the Vanderbilt fortune, for the Revolution was but as yesterday compared to the time of Adam. One hundred dollars per day clear is getting rich pretty fast, isn't it? And from the time of Adam is a long time to continue this rate, isn't it? It seems beyond belief that any man should have ever amassed a fortune equal to the sum total of $100 per day from the time of Adam. Before retiring that night I put the problem to the test of figures, and was surprised to find that the fortune of Adam would fall about $20,000,000 short of that of the Commodore! The figuring is easy. Work it out for yourself. Every school boy should work it out, and then go home and ask his father why it is that in this "free and equal" country any man should have the opportunity to get so far ahead of his fellows. How many fathers would be able to tell how it was done." Every school boy should take the matter to his teacher, also, and ask all sorts of questions about it. Then it should go to the Sunday-school teacher for a consideration of the ethics involved. How many doctors could give satisfaction to an inquiring school boy concerning the economic principles involved in this Vanderbilt case? And what remedies would be suggested? When I began writing these lines I intended to enter upon a rather full discussion of "how it happened," and how the same principles and methods have piled up other vast fortunes (from the earnings of the people), and how the same is going on to-day undisturbed, because of the indifference of our people, who are all-powerful in such matters when they see fit to use their power. But it occurs to me that it would be better—perhaps more interesting and instructiv—to first invite a discussion on this case and the principles involved by the doctors of this country. How will you answer your inquisitiv boy? The question is "up to you," and you can't escape it by "I don't know," and it would be humiliating to you, an intelligent American citizen, to make this confession to your boy. I hope that none will make the infinitly worse and utterly unpatriotic reply, "I don't care." If you don't take hold of this question, it will take hold of you. If I had access to the school boys of this country like I have access to the doctors, I would try to inspire the future voters to astonish the present voters with their interest in present important problems, and a demand for their satisfactory solution. School boys like fair play; upon the play ground they give and demand fair play. When they become voters they may carry this wholesome habit with them, and then look out. The Vanderbilt feat will not be possible then, and it ought not to be possible. Such inequality and unfair division of results would not be tolerated for a moment on the play-ground. Any healthy boy would say, it isn't right; it isn't fair; it isn't desirable; a one-sided game isn't even interesting. Why don't men feel so, and act so? Maybe they will some time. If they don't, where will all this end?

I recently askt Mr. Henry D. Lloyd, the distinguisht writer on sociological subjects, what he considered the most threatening national danger at the present time. He at once said, "the rapid concentration of wealth." He further said: "If this thing keeps on at the present rate, it won't be long until the children of excellent families will have to become servants. 'lackeys' and 'flunkeys' of the wealthy few, Those who give up independence the most completely, and become the most subservient, will become the most successful. Thus a premium will be put upon subserviency." This sounds worse than a death knell to Young America. Yet Mr. Lloyd is one of the most acute observers of social conditions and tendencies. I askt him what he thought of a certain remedy which I proposed. He said, "Very good; very good." But I will not myself discuss remedies this month. I will be modest, and give the floor first to you. I will ask you to please stick closely to the subject. How did the elder Vanderbilt get his $200,000,000? The question is not Vanderbilt the man, but the economic relations between him and the rest of the people in the ac-

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cumulation of his fortune of $200,000,000. What economic principles do you see clearly involved? What remedy or remedies would you suggest? I hope that you will carry this problem with you until you have done some serious thinking. Think of the $100 per day from Adam, till the flood, then, according to the tradition, in Noah's ark till after the flood, the income continuing incessantly, then till the time of Jesus, then during the entire Christian era, thru the middle ages up to modern times, then till the present moment, this princely accumulation of $100 clear per day, and the sum total does not equal one of our modern fortunes! Other fortunes are now being accumulated as fast and possibly faster than the Vanderbilt fortune. How is it? and why is it? Is it right? Is it good public policy to permit such unlimited accumulation in private hands?

True, we do not want to discourage enterprise, neither private nor public. Also, every one should receive the results of his own industry and enterprise. Please put emphasis on *his own*. When we see one man accumulating a fortune of $200,000,000 during a life time, and when we are led to realize, as above, what $200,000,000 means, we see how large the problem is. Keep the problem with you until you reach some solution satisfactory to yourself.

Practical Points.

From the great beef headquarters—Armour & Co., of Chicago—comes word that samples and literature of their Soluble Beef will be sent to physicians only, on receipt of name and address. Better send. See adv. on page 16.

Turn to page 21 and note Mulford Co.'s Antitoxin adv. They are people who go fully into their subjecss, and if you will write them they will send you AXTITOXIN literature that is bound to be interesting to you.

Marchand's Hydrozone is standard; likewise his Glycozone. The great merit of these two well-known preparations is such, that the profession will be interested in anything he advertises. See page 20.

Petroleum seems to be coming to the front with a rush. See what Angier Chemical Company say about their fine preparation of it on, page 3, and write to them for full literature.

You sometimes need a stimulant, often a tonic; but oh! how much oftener it is a *food* that you want—and cannot find. See page 39 and read about Hydroleine.

Every physician wishes to keep himself posted as to the new medical books that are constantly being published, but he don't always know just where to go—See title page: Saunders is a great and reliable house.

Freligh's Rheumatic Remedy! Sounds as tho it might be used along about now, does it not? See page 24.

New remedies for female complaints are numerous, but the majority die in their infancy. On page 17 and also on page 8 will be found notice of one that has been well known for years and is still well known.

Listerine is a well tried and much praised remedy—see page 27—also for Lithiated Hydrangea.

I have had the most intractable Eczema I ever saw. I had many things to mitigate for a time, but all of an acid base, which would relieve for a while, but it would return in all its vigor. I am not given to writing essays or certificates, but Gentlemen, without any exaggeration, I have had more comfort and sleep in the last two weeks, since using Germiletum, than in four months.

I used all the Eczema remedies with but temporary relief, in my own case as well as others. I have now successfully met in Germiletum a specific in Eczema, and feel in better spirits over my own condition than in years. Any good blood tonic internally and Germiletum externally, I believe Eczema will be completely eradicated. I will do all I can to extend the use of Germiletum. VAN B. THORNTON, M. D.
November 28, 1901. Hempstead, Texas.

Apenta water is so suitable for a physician's prescribing; bottled under government supervision. See adv. on page 20, and write to them about it; they no doubt have interesting literature.

Parke, Davis & Co. is a tremendous house in point of size of business done, and in its general authority in the drug trade. A house does not grow to their enormous proportions without some good reason; and in the case of Parke, Davis & Co. the reason is not hard to find: *they are one of the most scientific houses in the world;* and deep-brained science is one of the necessities in the making of medicines.

If you have not a case of bronchitis on hand possibly you have one of common winter cough, or perhaps of pneumonia; or it may be that you are treating the entire line, and influenza also. If any of them, Purdue-Frederick Co. has news or you, and you will find part of it on page 39.

Bovinine was the first, and the way it holds its own among all the new competitors seems to indicate some of that quality called merit. Get a sample and see if you are not sorry you did not try it sooner. See page 12.

"I prescribed Dioviburnia and Neurosine, (equal parts) in teaspoonful doses every four hours to Miss ——, aged 25 years, for Dysmenorrhea, and obtained most gratifying results."
A. WM. VOGT, M.D., Oldenburg, Ind.

We have received the following interesting statement about Antiphlogistine; we advise you to send for sample and literature see page 15.

Bleed, Blister, Purge, Sweat and Poultice was once *the* treatment for pneumonia, pleurisy, bronchitis and many other acute febrile diseases. The chief end sought with these measures was to relieve the over-worked heart and the engorged, affected organs and tissues. The principle was good and has never been improved upon, but these measures are primitive and heroic,

(*Continued over next leaf.*)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

S. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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1520 Chestnut Street

PHILADELPHIA, PA.

VOL. XX. FEBRUARY, 1902. No. 2

Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

Economy of Life and Energy.

The life of every human being is necessarily within certain limits of time. We may spend the passing days in any way we choose, but the date of death comes. If we are profligate of energy, moral, spiritual, or physical, we will end life all the sooner. Doctors are probably more tempted than most other professional men, and the country doctor most of all. It is a lamentable fact that the medical profession furnishes a large proportion of the cases of drug addiction recorded by hospital and lay statistics. One must learn the hard lesson that he must lose money to take time to care for himself. There are plenty of doctors who will be glad to make the hard night trip for which you are not able. Get your full quota of sleep. Tesla says that the negroes who live to advanced age do so because they sleep most of the time. In the long run it will be found that life is economized by getting all the rest and sleep possible, and working to your full capacity without overexertion. Your life is worth something to your family, your community, and your patients; few of these may ever be taught to aid you in conserving your health, but you owe a duty to yourself. Make sure that you have three meals each day, and the time to masticate them; secure eight hours undisturbed sleep every twenty-four hours; live moderately, tho you practise less, and you will live longer, live happier and accomplish more.

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Hyper-Therapy.

In the stress of busy practise, many of us use drugs to meet indications before studying the indications and their accompanying symptoms thoroly enuf. Every leading symptom needs our care, but many symptoms upon which the patient places stress are unimportant, and need no therapy but time. Our homeopathic brethren have made a great guess in such cases, and have won fame from it; they give what seems to us only a placebo with all the cautions and gravity befitting the administration of the most powerful drugs. The patient is suitably impress, and rational medicin loses a devotee. We like to see our homeopathic brethren do so well; but in justice to the WORLD family, we hope that we may lead all to learn from the most sagacious. More harm has been done by excessiv drug giving, or by giving excessivly large doses of drugs really indicated, than has accrued from withholding an indicated drug. Certainly emergencies arise when one must be generous in dosage or fail of effect and jeopardize the safety of the patient; but these are the exceptions and not the general rule. After the indications have been interpreted, we should select the drug and prescribe it in minimum dose and gradually increase it till the maximum dose is reacht, or till the danger line is close, or till we get the desired effect. The country doctor who must often get along without the aid of a nurse needs be more cautious than his more favored city brother; many nurses may be trusted to increase the dose gradually according to instructions, but when making but one trip a day and no nurse in charge, most physicians yield to the temptation to give "enuf, or a little more." It is a mistake. Too many of us practise by rote or machine methods, and the older we get and the more experience we attain, the worse we are apt to become. Early in our professional career we learn that the minimum dose is seldom enuf to produce a decided effect, and we recklessly advance our doses till many of us get in the habit of prescribing doses beyond the bounds of science or reason. When a physician learns that ½ grain doses of calomel well triturated with soda bicarbonate and given hourly till effect is secured, will generally produce a much more pleasant and a better effect than a ten grain dose, he has learned much. Small doses, frequently repeated until effect is secured (or the danger line reacht), should be a maxim in every WORLD reader's practise. The man who stays on the near side of the Rubicon will save more lives and do himself more good than the plunging doctor with heroic doses whose effect he can not definitly declare. Avoid hyper-therapy.

How to Perform an Autopsy Properly.

We regret that it is necessary to speak upon this point, but we have observed many disgraceful scenes in the dead room which shocked our sensibilities, tho the operators were often our personal and trusted professional friends. Many good physicians do not know how to perform an autopsy, and because they themselves are conscious of their deficiency, they seldom ask for autopsies in private practise. This is wrong. No other department of medicin is more pregnant in possibilities than pathological anatomy properly understood and investigated. We believe we would all know more, and that humanity would be benefited if every corpse were "posted." A recent case in point: One of our friends, and a capable physician, performed an autopsy on a married woman, aged 70 years, who died of uterin carcinoma; he secured one of the largest single gall stones in the world; and while he exhibits it with pride, he is not talking much of the case. The facts are that he never suspected it's existence during the life of the patient; none of the classical gall stone symptoms presented. Tho he is proud of his specimen, his professional vanity has been wounded. The stone has been an undoubted factor in the case for years, and he never knew it; but he will investigate the next similar case thoroly with added knowledge. He will report the case in an early issue.

Make it a rule to ask for an autopsy in every case, and try to get a good fee for it. The satisfaction the family expect to experience will sooth them for the outlay. We are assuming that the clinical attendant performs the autopsy. If a pathologist be called in, the clinician must give him all data in his power, and the pathologist must never hint that the clinician has erred or been derelict in attention to details of accurate diagnosis. We wish to ascertain the actual cause of death for both legal and scientific purposes. It is well, in exceptional cases, to have witnesses, a photographer, a stenographer, a bacteriologist, and an artist; but in most

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instances a good doctor and untrained help are all that is needed to perform an autopsy satisfactorily to the family and the law and for scientific needs. If suspicious lesions be discovered, and a coroner is not present, summon him at once.

If the medical attendant perform the autopsy, he should have another doctor and a lay assistant, two buckets and plenty of water, a table, two large oilcloths, a large sponge, four bricks, and a saw and hammer. With such an equipment any competent physician can perform an autopsy equal to those performed in the "dead house" of any hospital. We assume that he has a knife, catheter, tenaculum, needles and thread, scissors, and measuring tape in his pocket. The head of the table is elevated by the placing of the bricks under the legs. An oil cloth is laid on the table and the body is placed on it. One bucket at the foot will hold drainage. The second oil cloth is spread on the floor to prevent soiling the carpet. An incision is made across the vertex of the skull from ear to ear, and the scalp stript down till the vault is entirely exposed. The skull is then sawed thru in a circle a little above the supra-orbital prominence. Remove the entire brain and lay it aside. Now make an incision from the ensiform cartilege to the symphysis pubis, and investigate all viscera. Remove anything that seems suspicious pathologically. If it be necessary to explain to friends why you take a bundle from the room which you did not bring in, you can say that you have a specimen which you hope they will allow you to examin in your office, and exhibit to them later; and if they should want it, you do not care for it except for purposes of examination. Interment completed, specimen yours. Discretion and diplomacy are valor and contribute to success; but every physician must always be a gentleman as well as a scientist. A large satchel should always be taken to autopsies, for in it you may carry many things beside instruments. The body must be left in perfect condition.; the family must be satisfied; and you must get away with the specimens for mature investigation, if the autopsy is to prove satisfactory to friends or be of benefit to science.

You may retain the brain and any other organs you may wish. This must sometimes be done surreptitiously. The undertaker has no business in the room during the autopsy, and if a lay assistant be employed, he may be sent for something that will take him away long enuf for "arrangements." If any considerable portion of thoracic or abdominal viscera be removed, it will be necessary to use some filling material of cotton, old rags, sawdust, salt, or other material at hand; any of which should be saturated with some antiseptic like formaldehyd or carbolic acid solution. In replacing and sewing the scalp, see that it is so done that the hair may be smoothly combed over it. (When the head is bald, the incision should be carried well under what hair remains.) Sew the abdominal and thoracic incisions closely with a continuous suture of stout thread; we find a large needle and good linen thread satisfactory, but the stitches must be closely placed, and especially so if the body is to be transported any distance. Clear the room thoroly before you leave it, so that a friend may enter and never suspect that an autopsy has been performed. See that the throat is well plugged with cotton moistened with carbolic acid or formaldehyd; have the rectum (and vagina, in females) tightly plugged with the same materials. It is often well to plug the nostrils high with the same substance, but care must be taken that none of the material be visible. See that the eyes and mouth are properly closed, and that the face be prest into the best possible expression. Any doctor can become an artist in this line.

The doctor's business and profession do not admit of him including "undertaking," but there are a thousand things the doctor may do to smooth matters. If his performing the autopsy has made him hideous in the eyes of the near relativs, he may coax them to view the remains; he may suggest the arrangement of flowers; or if the family be too poor to have them, he might drop a rose or bud himself; he can command without being conspicuously officious, and slide out opportunely. Science can never lose anything by autopsies, and may gain much. If physicians workt properly, they could nearly always perform autopsies which would redound to their immediate information and to their professional prestige in the end. We ask WORLD readers to perform more autopsies, and to do it right, and to keep a record of the pathological conditions found, and to forward them to us for publication when valuable or inter-

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esting. We will appreciate them; the WORLD readers will appreciate them; and the work and experience will do you great benefit.

The Proper use of the Hot Douche in Gynecological Affections.

It is an astounding fact that many physicians who know enuf to use hot water in gynecological work, do not know how to use it, and never learn whether their patients are using it properly or not. Most physicians direct a hot douche before retiring. How is it used? The woman uses a quart of luke warm water in a "squatting" position over commode or bath tub, and makes her condition worse instead of better. The douche can only do good when taken in the recumbent or the "knee-chest" posture. The "knee-chest" position is better, but it requires an assistant, and can only be taken naked in a bath tub. The recumbent position is sufficient if the hips be raised. A bed pan, oilcloth, rubber sheet, or douche pan and a good fountain syringe are all that is necessary. Five gallons is about the right quantity of water to inject. It should be as hot as can be borne. The vagina will stand high temperatures, but when the water flows out of the vulva the heat is felt. This may be met by some of the ingenious occluding nozzles now on the market. Place your hands in hot water a short time and observe how red and swollen they become; that's congestion, and is just what you do to the uterus with too little or too tepid douching. Keep your hands in hot water some length of time; note how they shrivel; that's depletion, and just what you want to do with the congested uterus. We say five gallons; we say hot; we say add hotter water as the douche progresses. Thus only will hot douching do any good. If a woman can be induced to do it, the "knee-chest" position in the bath tub is the best. Naturally, caution must be given lest the nozzle be inserted in the os, and uterin colic result.

Spinal Cocainization.

We have never approved nor commended anesthesia by medular cocainization. The list of deaths attributed to it is growing. Professor Legueu has reported before the Society of Surgery at Paris, two more deaths, each patient receiving less than two cubic centimeters of the solution. The growing mortality list has not deterred the too enthusiastic surgeon who wishes to experiment; but if it is not the best method for the trained and frequently operating surgeon who has every facility at hand, how shall the general practitioner ever dare to use it? Professor Legueu deems two deaths in 200 cases from the anesthetic alone a much too great mortality. He has determined to abandon the use of cocain by this method, for the time being, at least. The general practitioner cannot afford to toy with such fads. Authorities are now admitting that in its present method of application they can not make it satisfactory to themselves nor to their patients. Let it alone severely till it is developt at the expense of patients other than your own, or dies a well deserved death.

The Effect of Pregnancy upon Tuberculosis.

Most of the laity, and not a few physicians, believe that pregnancy exerts a beneficial influence upon the prospectiv mother. It is conceded that the pregnant tuberculous female improves during pregnancy, but it is generally known that after parturition the decline is more noticeably rapid. Since there is not a complete understanding of this point in practise, we wish to note that two questions are involved: First, what is the influence of the pregnancy on the tuberculosis? and second, what is the influence of the tuberculosis on the fetus? We might logically include discussions upon heredity, and on those cases which without being actually tuberculous have the tendency toward it; but we only wish to touch upon the subject in hand. It is pertinent to ask if pregnancy invites the onslaught of tuberculosis in those who are predisposed to the affection from heredity or local conditions. Can a latent bacillus be thus aroused? Does an all wise providence permit the germs to slumber only till a new life is born, and then to immediately destroy the fountain from which the babe must live? The truth is that this is just what happens; the increast strain on the mother is at the expense of her vitality. This may not be evident till after parturition, but seldom fails to occur. It is generally admitted by the best authorities that a rapid decline may be expected soon after parturition, and since the effect of pregnancy is deleterious, it is not proper that the tuberculous woman should become pregnant.

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Pregnancy, in itself, has a physiological effect on those who have admitted that they are afflicted with tuberculosis, which is depressing; they worry for themselves and they worry for the prospectiv child. We will not here discuss the heredity of tuberculosis, but statistics bear out our observation that children of tuberculous parents are more apt to develop the disease than children who have untainted parents. Therefore, since pregnancy accelerates the progress of tuberculosis, we should advise the tuberculous to forego the wedded state; if we find them married, we should suggest measures which will prevent pregnancy. Doctor's practise too much and teach too little.

National Medical Legislation.

Medical men thru all history have been notoriously derelict in paying proper attention to their own personal interests. They neglect their books to attend patients whose "entrys" will further burden the old ledger; they neglect sick members of their household to attend some poverty stricken wretch who will curse them as soon as he is convalescent; they neglect their own health by going out when ill enuf to be in bed; they are foolishly generous to questionable charitable schemes with money they have so laboriously earned; they seldom take any interest in sociology or politics, and may never even vote; few will even act as a school director when their children are suffering from the mismanagement of schools by unqualified politicians; still more rarely will they fill higher positions of social and political trust; they work themselves into early graves when they could benefit humanity in general a thousand fold by taking more interest in sociology, stirpiculture of the race, religion, education, politics, laws and government. This is a stiff arraignment, and the most melancholy part of it is that it is true.

If you want to change location, a new state requires a new examination and a nice big fee, for the politicians must be paid. All the states compel you to fill out blanks for which you would charge a patient at least a dollar, and for which any good life insurance company would gladly pay five dollars, and for the same equivalent of work any good attorney would get twenty-five dollars. You generally get the ruf end of a damage suit when Nature terminates a case unfortunately, despite the fact that you have rendered all the skill the law requires; judges are generally just, but the jury have "got" you. Your only cowardly resource is to keep your funds in the name of your wife; and when you are sued and convicted and your "grateful clientele" find that you have beat them at their own game, your "best patient" would never call you again, and the sooner you search for new pastures, the better it will be for you. If you live safe for yourself and babies, you must live like a haunted criminal, in so far as legal protection is concerned. If you join the army or navy, despite your shoulder straps and rank, the humblest and greenest line lieutenants treat you with a patronizing air that plainly tells that they only endure you because they may need your services. You labor ceaselessly at the unremunerativ and thankless task of conserving the public health and preventing the spread of epidemic and pestilence, when you ought to be paid well for your efforts. Is it not humiliating? Is it not shameful? And is not your chagrin deeper when you reflect that if a united profession would act, all these blots and insults could be wiped out by national medical legislation wisely directed? The laity can be taught to respect us just so far as we respect ourselves. They will never respect us so long as they can make us remain a political cipher. The fault is ours more than theirs. If a remedy be attained, the effort must come from within our own ranks.

125,000 men need not beg for legislation; they can demand it. What practitioner is so poor that he cannot influence at least ten votes? If we would unite, we could demand our rights from every state legislature or from Congress, and none would dare ignore us.

Our kind Uncle Samuel has given us bureaus of animal industry, of forestry, of agriculture, of education, of mines, of labor and of numerous branches of science, business, trades, and arts; and these were instituted because the voters demanded it. It is easy to tell what we want; we are pretty well united on that, even if we won't ask for it. We want a bureau of public health under the charge of a physician who shall be a member of the President's cabinet. We want a National Examining Board whose certificate will permit a physician to practise in any state, territory, or possession of the United States. There are many

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other desirable details which could be secured once the movement was well under way.

THE WORLD has always been the champion of the interests of the profession. We will pursue this matter further if the members of the profession will give us intimation that they want us to do so. If we find that our readers want it, we will devote a certain space in each issue exclusivly to the purpose of furthering this aim. Express your desires in this matter by writing (either postal or letter) to Dr. A. L. Russell, Midway, Washington Co., Pa., Assistant Editor MEDICAL WORLD.

Erysipelas has not been discust in these pages for a long time. Doubtless many of our readers have something profitable to say on this subject. Please give us your observations, experience and treatment. Kindly send *as soon* as possible, as February is the short month.

Editor MEDICAL WORLD:—During the year of 1901 you sent me THE WORLD for 25 cents, in order that I might become familiar with its value. As evidence of my satisfaction, please find enclosed $1., for which you will please send me THE WORLD during 1902. I am a subscriber for several medical journals, some of them high-priced; and I am sorry to say that the high-priced journals do not deal, in the majority of instances, with an every-day practise of the country practitioner, but deal with things in large cities and large hospitals; and so many of the $1. journals are given up to commercialism, closing most every article with the wonderful results from some patent medicin. THE WORLD is free from commercialism, and meets me with practical knowledge at every bedside in a country practise. I have nothing more to ask from THE WORLD; it is, according to my judgment, an ideal journal, full of meat for the honest, hungry and tired country doctor.

Wapella, Ill. G. M. ROBERTSON.

[In order to increase our "family," we have in certain instances given a trial subscription at a low price in order to demonstrate the value of THE WORLD to new readers. This is a much better policy than the interminable nuisance of sending sample copies. We had a number of such trial subscribers last year, and the above is a sample reply. They are coming in every day, many, however, inclosing $3 for four years.—ED.]

Dr. J. H. Trent, Brooklyn, N. Y., in sending $3.00 for four years' subscription, writes: "I thank you for conducting an honest journal at such a low price. THE MEDICAL WORLD is a most welcome visitor; it has improved in every way."

"Inclosed find $3.00 for four years more MEDICAL WORLD, which is broad, free and liberty loving."—Dr. Emily C. Willoughby, Toledo, Ohio.

Dr. G. A. Brown, Bear Poplar, N. C., sends $3.00 for four years' subscription and writes: "THE MEDICAL WORLD is a great help to me. I could better give up some more costly journals. WORLD is intensely practical and that is what practitioners need."

"I send herewith I think the thirteenth subscription to WORLD. It is the best medical periodical for the busy practitioner. May it flourish as long as our calling lasts."—Dr. J. W. C. Smith, Benton, Miss.

"Inclosed find $3.00 for four years' subscription to THE MEDICAL WORLD. I thank you for your monthly talks, they are patriotic and truthful and have the elements of good sound reason."—Dr. R. G. Allen, Washington, Ill.

Wishing to commence the year aright we enclose $3.00 to pay subscription to WORLD for four years. We like THE WORLD very much and are more than repaid for the amount invested.—Drs. Duffin Bros., Guttenberg, Iowa.

Dr. F. G. Ibach, of Mauch Chunk, Pa., renews his subscription and sends a subscription for a friend, and writes: "Have been of the WORLD family since about 1885. You certainly give us the largest slice of good stuff for the money of all the journals I have yet seen. May the success you so deservedly merit ever attend you."

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

The Treatment of Rectal Diseases by the General Practitioner.

Editor MEDICAL WORLD:—Permit me to help Dr. J. A. Melden (November WORLD, page 492), in his perplexity.

In 1887, having two very live men to contend with in a circumscribed field, I cast about for a line of practise to increase my income. After due consideration I decided to treat rectal diseases. I bought no county right, nor did I agree with any one to pay him a percentage of the income received from that branch of practise. I did, however, buy a fifty dollar case of rectal instruments. (They are now much cheaper.) Since then I have been treating rectal diseases with success, and with a degree of satisfaction to myself and patients beyond that attained in any other department of practise. Piles is the leading rectal disease, and in thousands of injections made, the dire results set forth by the Editor, in commenting on Doctor Melden's inquiry, "frequent deaths from hemorrhage and gangrene and blood poison," have not been witnest by me. I have seen but one abscess (marginal), followed by the shortest possible fistula, and have heard of only two cases of hemorrhage. The first case of bleeding was that of a painter, who, four or five days after treatment, while working, fell from a ladder. The second case of bleeding occurred one week after treatment, while the patient was sitting on one hip on an inclined board.

This article is intended only to assure the Doctor of the reliability and availability of the injection method. To go into details of treatment, or to describe the nature and pathology of the different conditions which cause this disease, would extend its length beyond your space. These

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can be found in works devoted to those subjects.

Judging from my own experience, every case of internal piles is readily cured by the injection method. If I succeed in impressing on the mind of the general practitioner the fact that he is derelict in not availing himself of it, I shall not have written in vain.

A host of writers, competent to judge of its merits and demerits, have brought this method out of a corner, and prest it upon the entire profession with an assiduity and emphasis which only a procedure of such immeasurable importance could inspire. Conspicuous writers are Moore, of Louisville, Kentucky, Shuford, of Tyler, Texas, and Agnew, of San Francisco, California. Notwithstanding the light shed upon this subject, men whose positions give them a hearing have succeeded too well in holding the bulk of the profession in its ancient rut. The crime which these blind leaders of the blind are commiting against humanity and the profession will yet become obvious to their shame.

Piles is the one disease I know I can certainly cure. When I treat cystitis, pneumonitis, bronchitis, etc., I am unable to state beforehand what will be the result of my medication. But I approach a case of piles with the same certainty of cure as the axman approaches a tree for the purpose of felling it. Having treated young (age sixteen) and the old (age seventy-seven), recent cases, and cases of over fifty years standing, successfully, age of patient and duration of the disease seem not to be factors in the prognosis.

Sample cases treated: No. 1. In November, 1899, I was askt to treat a carpenter for "falling sickness," which caused him to give up his work. From the history given I concluded he was an epileptic. He was a victim of painful piles and severe cranial neuralgia. Former neuralgic treatment had given only temporary relief. There being no appreciable cause for his other maladies, his piles were treated and cured, with the result that fits and neuralgia departed and have not yet returned. $30.00.

Case No. 2. History: "Have had piles twelve years; they come down at every stool; for four or five years I have been unable to replace them; have to lie down from three to five hours until they return of themselves. My family physician examined me and tells me I can be cured only by going to a hospital, and while under an anesthetic, have the piles, together with an inch of the gut, cut off, and have the gut pulled down and stitcht."

Examination showed a ring of protruding, ulcerated piles, very sensitiv. He was advised to take enuf oil to thoroly empty the bowels, and to syringe the bowel four hours before the hour set for treatment two days later. In this case it was decided to treat all the tumors at once. Because of their exceeding sensitivness, a sixteen per cent. cocain solution was applied ten minutes. Then two and one-half barrels (75 minims) of Agnew's hemorrhoidal fluid were injected into the tumors, the mass lubricated and returned within the bowel. The operation was succeeded by no pain beyond that which ordinarily attended an evacuation. On the third day he had the least painful movement of the bowels in years. He had been unable to work, but he secured a job, went to work on the tenth day, and has lost no time since, now twelve months. $75.

Case No. 3. History: "Have been off work twelve weeks with an attack of piles, the pain of which is beyond expression." (As a rule, patients call any and all affections of these parts piles). "Have been treated by four physicians" (none of whom had examined him) "without relief." Examination showed no piles, but an irratable anal fissure. Had a physician give him an anesthetic, when the sphincters were distended, the base of the ulcer scarified and a drop of carbolic applied. He was cured at once; $25 00 in hand, he paying the assistant.

Aftercrops: No. 1. Nothing. Notwithstanding the success which attended the treatment as to piles, fits and neuralgia.

No. 2. $50 00, $75.00, and a case of piles complicated with fistula, now under treatment, of unknown amount.

No. 3. $100.00, $25.00, $50.00, $50.00, $60 00.

These were not unpleasant sequelæ.

Every doctor ought to treat rectal diseases because: 1. They are ubiquitous and cause untold suffering. 2. No other class of diseases, medical or surgical, yields so surely and promptly to proper treatment. 3. It enlarges his reputation and makes his usefulness greater. 4. It virtually enlarges his field of practise. 5. It pays in dollars, and in the satisfaction one feels in knowing that he has cured a disease which is not self-limited.

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Most doctors ought to use the injection method, because: 1. It can be done single handed. 2. The dangers of a general anesthetic are absent. 3. In efficacy it is ultima thule.

Equipment: Table, treatise, instruments.

I use the Eureka table, made in Boston; $25.00. It is all that could be desired. I had a patron who was a handy mechanic, but slow pay, make me a table, the cash outlay for which was three dollars for material. I used it five or six years with entire satisfaction in everything but appearance. The question of home-made tables was thoroly discust in THE WORLD, volume for 1889.

Instruments: Max Wocher & Son, Cincinnati, make rectal instruments in cases. The smaller size, which contains all necessary instruments, sells for $13.50. With care a set of instruments will last a lifetime. In fourteen years the hypo-needle is the only instrument I have had to renew.

Book, "Non Malignant Rectal Diseases," $2.75, by Doctor W. P. Agnew, San Francisco, is the best work on the subject that has fallen under my notice. In it he gives the treatment of several other doctors. Having found his formula for injecting fluid superior, I use it exclusivly.

Doctor Melden, or any other WORLD reader, by investing $20 to $40, and by following directions to the letter until experience enables him to "walk alone," may "take at the flood, the tide which leads on to victory." J. S. DODDS, M.D.

6212 Penn Avenue, Pittsburg, Pa.

Heroic Treatment of Pneumonia.

Editor MEDICAL WORLD:—I am interested in Dr. Chapman's patient sick with pleuro-pneumonia, and as well in the remedies offered by the many physicians for his cure. [See description of case in WORLD for last September.—Ed.] For myself I should hardly enter the field only for the Doctor's seeming challenge to old school physicians, and even now I am loth to do so, as I had my say in THE MEDICAL WORLD on the treatment of this *very form* of pneumonia only two or three years ago,* and can do so now only by much repetition of that previously written; and again by reason of a longer article being required to do justice to the subject than can well be spared to one person. But THE WORLD, year by year, having so many new readers, Brother Taylor cheerfully permits me again to tell how I would attempt to cure Dr. Chapman's patient in this very advanced stage of pneumonia.

Thru the courtesy of Dr. Chapman, I am permitted to visit the sick man. I find his condition even worse than stated. Added to the other qualities of the pulse, it is now becoming intermittent, giving notice that the heart is about to give up the struggle. I listen a moment to lung sounds and find that the left lung has now become involved, so that the air can enter but a small portion of either lung. I listen to the heart. That organ is violently struggling to perform a function it can no longer perform. The man is greatly cyanosed, there is but little warmth in his hands or feet, and all symptoms are hourly becoming worse. Desperate as this patient's condition is, I consent to come to the Doctor's aid in this emergency. I do not believe the lung is gangrenous, or that abscesses are forming in that organ. At this time, I can give but little hope of the man's recovery. Changes may have taken place in the diseased organ past the art of man to remedy. I can tell the Doctor and the patient's friends that I know of but one remedy that will give the man any possible chance of recovery. With this used he may not recover, *but it is sure to give him great ease and relief, and will at least prolong his life for a few hours.* While I have personal explanations, I may not make them while the patient is struggling and gasping for breath. The patient being turned over to me, I direct bags and bottles of hot water and hot flannels placed to his feet and limbs, and sooner than I can write I have the *blood*, in a large stream, flowing from the patient's arm, he still in a sitting position. I now have time to look around a little and find that the patient has good surroundings. A large, airy room, well ventilated, filled with sunlight, a trained nurse, a wife ready to render all possible aid, but who has, at the Doctor's request, retired for a time to another apartment. When he has lost a pint of blood he is askt how he feels now, and replies, "better". The bleeding is continued to near two pints, and the patient is again askt how he feels, and his answer is, "a good deal better". He is now directed to take a long breath. This he tries to do, resulting in a little catch in

*See Feb., 1898, page 52, and Feb., 1900, MED. WORLD.

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his side and coughing, and he easily raises a quantity of the bloody sputum of pneumonia. The bleeding is continued (the patient is a large, stout, full-blooded man) until fully two pints have been taken; a little more yet, until his features become blancht, and his pulse, which had become fuller and less rapid, begins to flag, and other symptoms indicate a rapidly fainting condition. The blood is now stopt and the patient laid down in a horizontal position. The patient may now have a cup of hot tea one-half milk. I now give a powder of opium, a little more than a grain, with tart. of antimony anywhere from the twelfth to the twentieth of a grain, also calomel and ipecac to aid expectoration and increase secretions. This to be quickly followed by some efficient counterirritant to the chest. For this I have used many things, but prefer a flannel dipt in hot lard and turpentine, applied to the chest, hot as the patient will bear it. this soon to be followed by a *well* cookt mush poultice smeared over with 2 or 3 spoonfuls of melted lard, applied hot as the patient will bear, and renewed every two or three hours.

I now look my man over a little, and find him vastly improved in all the symptoms. The brain has cleared up, the heart's action, the pulse, the breathing, the cough, the greatly congested condition of the lungs, the lessened capillary circulation and cyanosed condition of the skin are all improved. There is, as yet, no return of the pleuritic pain which was so severe early in the disease. There is now no more blood than the heart can take care of, no more than the lungs can fairly well decarbonize and reoxygenize. The patient now falls into a quiet slumber from which he wakes an hour or more later, in a moderate perspiration, rested and refresht. While our patient now seems to have a new lease of life, let us not be too confident. The treatment, heroic on the start, may no longer be so, but it *must be firmly* and *steadily antiphlogistic* as long as any vestige of inflammation remains. For some days a nourishing but liquid diet is to be given. The opium and antimony are to be continued every 4 to 5 hours when the patient is awake, alternated with calomel and ipecac. The opium steadily, in quantity to allay pain and irritation. The calomel at first given in a 3 to 5 grain dose, may be repeated and followed in a few hours with a laxativ to clear the intestinal tract, and then continued in small but repeated doses to the extent of producing a mild ptyalism which is to be kept up for 5 or 6 days. This for the double purpose of preventing chronic pleurisy, pleuritic adhesions, or effusions in the chest cavities, to prevent the troublsome sequelae so often following pleuropneumonia, and for the additional purpose of *stimulating the absorbents*, in this way getting rid of the secretions and exudations into the lungs, the bronchial tubes and the air cells. In fact, no drug does more in aid of restoring the lungs to their former condition of perfect health than does this. If our patient lives in a malarious district, or has sojourned for a time somewhat recently in such location, I should give him 3 full doses of quinin each day for a few days.

And now a few words of explanation: In coming to this locality in 1848 there was no physician nearer than 80 to 100 miles, and lumbering was being carried on 75 miles up the Wisconsin river and about 50 miles down the river. The men lived in hot and crowded lumber camps; in the early spring they engaged in rafting and running the river in all weather, in the rain and the sleet, and in snowstorms, sleeping on the rafts, sometimes with bunks and sometimes without, so there were many cases of pneumonia and pleuropneumonia; and by reason of distance the men often were sick a week or more before they were seen by a physician. In this way I saw, in those early years, many cases of this disease in this advanced stage, the *dying* stage, of pneumonia. For my success in treating pneumonia in this stage and in all severe cases, I need to take but little credit to myself, for but a few months before coming to this place I had seen *Brainard*, in hospital connected with Rush Medical College, successfully treat a patient brought in the night previous, farther advanced, and the lungs more largely involved, in a more hopeless condition than Dr. Chapman's patient; and I had heard from him a most instructiv lecture on pneumonia and its treatment. The lecture commenced as follows: "Gentlemen, we here have a case of pneumonia of eight days' standing; both lungs are engorged, and, as you see, the patient is already greatly cyanosed; with shoulders elevated and head thrown back, he is laboring and gasping for breath, the lung being so engorged as only to allow air to

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enter a little of the upper part. In this condition the man can live at most but a few hours. Now, I don't suppose one of you brethren (the class consisted of about twenty, half of them practitioners) would for a moment think of bleeding in this stage of pneumonia. You would expect the patient to die in the operation, and that you would get the credit of killing him. *Nevertheless*, I shall bleed him in a sitting position, *freely*, with a large stream, as you see (just then the lancet was used), and while the man may not recover, it will give him the one, only chance, and will, at least, give him great ease and relief while he does live." After losing a pint or more of blood, the patient was askt, "now, my man, how do you feel?" The answer came, "a little better, Docthur" (the fellow had an Irishman's tongue). Later he was again askt how he felt, and the answer came, "a good deal better, Docthur." He was now directed to take a long breath. This he made an effort to do, resulting in expectorating freely the bloody sputa of pneumonia. The bleeding was continued, more than two pints (I think nearer three), when the patient, becoming blancht, was laid down and the arm was drest. He was then treated with expectorants, anodynes, tonics, alterativs, laxativs, and a nourishing, but liquid diet. Opium, tartrate of antimony and ipecac were given as expectorants. The opium, in full doses to allay all pain and irritation, gave the man *needed rest*. The antimony, combined with the opium, not only acted as an expectorant, but did much to hold in check the fever and inflammation. These remedies were alternated with calomel and ipecac, aiding expectoration and stimulating the secretions. Following this in ten or twelve hours, castor oil was given to clear the intestinal tract. The lecturer continued for some time a most instructiv lecture on pneumonia and its treatment, and especially on the necessity and usefulness of venesection in *all severe* pneumonias.

Hopeless as the condition of this man was, he made a good recovery. This was an object lesson which no student or physician having once seen could well forget. Nor should any physician who has seen the favorable outcome of a patient with this treatment in this advanced stage of pneumonia *lack the courage* to make use of this one and only means which gives any hope of recovery.

Ten days have now gone by since I took charge of Dr. Chapman's patient, sick, so very sick with pneumonia that I should have despaired of the man's life, had I not treated in those early years many cases, most of them successfully, a goodly number in quite as bad a condition as Brainard's patient, or as Dr. Chapman's patient. But our patient, whose condition for a time claimed our full attention, has indeed "got a new lease of life." The untoward symptoms day by day are all growing less, and his whole condition is so changed and improved that I can safely assure the friends that this patient will soon be restored to a condition of perfect health.

With Dr. Taylor's permission I will add that the first patient, Moses V., treated by me in May, 1846, for this very advanced stage of pneumonia, and whose condition was as bad, and as hopeless, as any that I ever saw that recovered, whose case was mentioned on page 52 of the Feb. MEDICAL WORLD for the year 1898, only died in the winter of 1900-1901, at the age of about 90, or a little more. JOHN PHILLIPS, M.D.

Steven's Point, Wis.

Intestinal Antisepsis in Pneumonia.—Echinacea.

Editor MEDICAL WORLD:—As a prophylactic for scarlet fever I have used atropin and calcium sulfid without results.

As a disinfectant for my own clothes I use formaldehyd vaporized in a closet by heat, and so far I have not carried the disease.

The pneumonia season is now on, and I want to exhort the brethren to use intestinal antisepsis vigorously in this most common ailment. It may be that intestinal antisepsis is more useful here than elsewhere because of the prevalence of typhoid. However that may be, it has given me splendid results during the last two years. I have had about 45 cases during this time with an age range of from a few mouths to seventy-six years. No deaths. A crisis has appeared in only eight per cent. In all the condition corresponded exactly with the degree of intestinal antisepsis secured.

The kind of intestinal antiseptic used is not of so much importance, tho the sulfocarbolates are by far the best that I have used. The same results may be attained with guaiacol carbonate or sodium salicylate, as I have proven to my own satisfac-

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tion. However the sulfocarbolates are the more certain.

With intestinal antisepsis it is necessary to use aconitin, veratrin and strychnin.

A point on nuclein given by mouth may be of interest. Have the patient dissolve it on the tongue. Nuclein is a peculiar drug. Results are not apparent in any given case of pneumonia or typhoid, but use it in a series of cases and you find that convalescence is hastened and shortened very much indeed.

There is much talk about echinacea. If the profession will use it when indicated and use it freely they will never be disappointed. There is one general indication for echinacea in which it never fails to give good results, and that is blood poisoning. In the ordinary forms of blood poisoning from septic wounds it is much superior to any surgical method now in use.

E. I. RAYMOND, M.D.

Windsor, Colo.

Appendicitis from the Viewpoint of the General Practitioner.

Editor MEDICAL WORLD:—I think that physicians in great numbers will agree that if we discard all cases incorrectly diagnosed and all operations performed upon healthy appendices, it will so rearrange our statistics that we shall be up against a positiv general conclusion, that the death rate during the last ten years has been greater than before. Many cases of catarrhal appendices operated upon early would have recovered just the same, if not better, under skilled medical treatment. All physicians realize that appendicitis is an old disease with but a new name—a recognized, acute inflammation of the cecum and its appendage. Hundreds, perhaps thousands of healthy appendices are removed annually. During the course of this disease, if the symptoms indicate gangrene or suppuration, by general depression, chills, rapid pulse, high fever, with local signs of fluctuation in the right iliac region, call the surgeon and have him let out the pus and establish proper drainage, which is in keeping with common sense; but to cut before, or simply upon an inflamed appendix, is surely short of common sense. Again we find the surgeon in place when we find an unruly appendix, as frequent attacks of catarrhal inflammation occur; then the appendix should be removed between attacks, as at this period the mortality rate should certainly be much less than during the height of the inflammatory stage. Therefore we should aim to direct and encourage our patients to submit to an operation at the most opportune and safest period for such treatment.

The diagnosis is not usually difficult; the patient complains of pain and tenderness in the region of the appendix. The right thigh is usually flext on the abdomen; the patient may prefer to lie on the right side or on the back, but is always inclined to relieve the tension of the muscles of the right side. Movements or pressure increase the pain; nausea, or thirst may be present, and vomiting sometimes; also restlessness, and paroxysmal attacks of sharp, severe pain. To these physical signs may be added the objectiv symptoms: shallow respiration, quick and tense pulse, fever, high colored and scanty urin, conspitation, etc. But in making a diagnosis we must remember the various inflammations of the pelvic region in woman, acute indigestion and bilious colic; acute intestinal obstruction is also well worthy of differential consideration; here the left side is, as a rule, the seat of pain, fullness, etc. Hernia must also be considered.

After the diagnosis is determined, the prime object is to correct the morbid condition, and restore if possible the bowels to their normal condition. I shall not attempt to advocate any specific line of treatment. Suffice it to say, do as little guessing and cutting as possible, and do not forget this fact: that nature will do wonders often with but little assistance if the assistance is placed so as to accord with her purpose. Keep the patient quiet mentally and physically, in a well ventilated room; for encouragement, give as favorable a prognosis as the facts and probabilities will justify. The alimentary canal should be evacuated and retained in a laxativ condition. My favorit remedy for this purpose is minute doses of magnesia in connection with minute doses of calomel. If the stomach rejects the medicin, order injections until the bowels are moved freely, after which the stomach will usually retain the medicin. Have the patient drink plenty of sterilized water, with the view of keeping the bowels well flusht, and thus aim to continually eliminate from the bowels accumulated waste, microorganisms, toxins, etc. Allow no

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solid food; order milk, eggnog, mutton broth, etc.

I believe there are many theories as to the causes of this disease, but I fully believe that the profession is in accord as to the pathology; no physician will refute the fact of its being a catarrhal inflammation of the cecum and appendix. Therefore, it seems to me that the treatment should be based upon medical, and not surgical treatment; and that, directed by a common sense method, will tend to obliterate the frequent and unnecessary fad of cutting out the appendix; and also abate a great deal of adverse criticism from the public as well as from the medical profession.

Dr. C. W. MUSGROVE.

Treverton, Pa.

Does Angina Pectoris Occur in Childhood?

Editor MEDICAL WORLD:—The new year being the time for new resolves, I have resolved to offer to the fraternity, at least once a month, something that I have found useful and practical in my practise. You will kindly reject anything worthless, and I assure you I shall take it kindly, for I know my field and opportunities are very limited.

Do we have infantil angina pectoris? Does it not complicate many cases of spasms, etc., in infants and children under 4 years of age? From my observations for the past year, I am of the opinion that this is a frequent complication of the disorders of childhood. We are summoned, hastily, to see a child. Message states the baby is dying, and on arrival we find the little one unconscious; cyanotic, extremities cold, and if there is enuf vitality left for the great sympathetic to stamp its impressions on the face, you will find a picture of intense, anxious, uneasy agony. The little one will look at you with an expression that is pitiable. The facial expression has its counterpart in the adult only in the throes of angina pectoris. On examination we find a heart action so fast that we cannot count it. We have seen this condition arise in a few hours after an acute attack of indigestion, ptomain poisoning, grip, diarrhea, etc. Numbers of times we have been surprised at the rapid recovery of the little ones, from a condition bordering on dissolution, seemingly, to one of cheerful, happy enjoyment in a few hours—a remarkable transformation. In Ref. Handbook, Vol. vi., page 693, angina pectoris is described as due sometimes to vaso-motor-irritation; looking at it from this standpoint, is it not of much more frequent occurrence in childhood and infancy than is generally recognized? And is it not the principal complication in our fulminating cases—cases in which a few hours have changed the entire outlook sometimes for the better to almost a miraculous extent, and others the opposit, to even the gravest import? Last year I directed my attention to the heart's action in all my cases of children, and it has been quite a revelation to me. If the fraternity will kindly give us their experience along this line, I feel assured good will result, and we may illumin some of the dark places in children's diseases.

JNO. W. HYATT.

Bellevue, Clay Co., Texas.

My Experience in Scarlatina.

Editor MEDICAL WORLD:—I have been reading with much interest the articles on the treatment, etc., of scarlatina, publisht in December and January WORLDS. My experience with regard to the contagiousness of said disease corresponds with that of Dr. Chance, whose article appears in January issue, page 8. I saw my first case in the summer of 1900. It was that of a boy 12 years of age who had never been exposed to the disease during his lifetime. It was the first case of scarlatina I ever saw. Having been taught that the disease was propagated alone by contagion, I hesitated to make a positiv diagnosis until another case occurred about five miles distant from above case. This case was also that of a youth fifteen years of age who had never seen or been exposed to scarlet fever. Each was a typical case of scarlatina anginosa. After the occurrence of these two cases a general epidemic rapidly developt. It was no uncommon thing for one member of a family to be stricken down while all the others remained healthy. I did not notice that those who had been exposed contracted the disease any oftener than those who had not been. These facts I have gleaned by observation thru an epidemic of two summers. I am not trying to argue against the contagious character of the disease, but wish simply to state what I have learned from actual observation thru an extensiv epidemic.

My plan of treatment has been as follows: In the first place I clean out the alimentary canal with small doses of calo-

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mel, followed by a saline. To lower the temperature, sustain the heart and nervous system, I give tr. aconite, digitalin and strychnin. To combat infection I use calcium sulfid pusht to the point of satdration. For the angina I use a solution of sulfo-carbolate of zinc and carbolic acid as a gargle where the age of the patient will admit; otherwise as a spray.

There are several complications which often arise, and which demand judicious treatment. Among the most important are nephritis and disease of the middle ear. For the nephritis I give lithium benzoate in a large amount of water; for inflammation of the middle ear, a solution of boric acid used as a spray.

Under the above plan of treatment I have never lost a case which I had charge of from the onset of the attack, altho I have seen two children die from total suppression of urin, but I did not see said cases until within twenty-four hours of fatal termination.

Clinch, Tenn. W. J. SEAL, M.D.

Dangerous Scarlet Fever "Relics"

Editor MEDICAL WORLD:—Reading Dr. W. P. League's article on page 508, December WORLD, prompted me to say something regarding the contagiousness and seriousness of scarlet fever. In the spring of 1900 a family of children had scarlet fever, and tho very severe, none of them died. During the desquamation whole casts of fingers and toes came away; also great quantities of epidermis. The mother of these children collected quite a quantity of these and placed them in an ordinary pasteboard shoe-box.

Having moved into my neighborhood, the following winter they were visited in February, 1901, by one of their neighbor families, consisting of father, mother and one little boy three years of age. The conversation turning upon scarlet fever, the hostess brought out her box of "relics" and exhibited the contents to her visitors, and made a special display for the benefit of the little boy, telling him that those casts came from the hands and feet of just such little fellows as he.

On the fourth day following the child had a chill, developing into a very malignant type of scarlet fever. A sister of the mother of this child visited the patient from the second to the fifth day with her three children; also a brother of the father of the sick boy visited them on the third day with his four year old son.

On the fifth day of illness I was called for the first time. The visiting families lived fifteen miles away. It was indeed heart rending to see the little innocent sufferer struggling in the very jaws of death. I at once warned the visiting families of the danger in thus exposing their children, whereupon all of them went home.

No other children in the community were exposed, and no others had the disease, while every one that was exposed had scarlet fever in its worst form, and every one of them died.

I have treated a good many cases of scarlet fever, and my success has been uniformly good; but from my recent experiences I conclude that at least one form of scarlet fever is contagious, and one of the greatest afflictions to be met in treating the diseases of childhood. In all my twelve years experience I have never met anything that gave me as much anxiety while it lasted. W. R. FOWLER, M.D.

Pottsville, Tex.

A Fatal Case of Scarlet Fever.

Editor MEDICAL WORLD:—On January 3rd I was called to see a child six years of age, a bright promising boy, who previously was in the best of health, and had two days before come, in company with his parents, from an adjoining county to visit an uncle. The only possible chance of infection with the deadly germ was while on the train, which, if true, left an incubation period of only two days.

He was, as it were, seized in an instant in the deadly grasp of scarlatina maligna. On the first day his temperature rose to 104°, pulse 130 per minute, pain in throat and violent vomiting.

On inspection I found the pharynx, nose, palate and tonsils much inflamed and swollen, also tongue heavily coated. I made a close inspection of the entire skin, suspecting scarlet fever, and I discovered scattered irregularly over the body points of a dark scarlet hue, but the general rash had not yet appeared.

I prescribed calomel ¼ grain every hour until the bowels moved thoroly and tr. aconite mvj, sweet spirits of nitre ʒij, fl. ext. belladonna mij, water ʒiv. One teaspoonful of this mixture every hour until effects of aconite or belladonna, if any.

I called the next day and found the rash

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well out; the points of a darker hue were yet prominent, with a dozen or more patches hemmorragic in character, as extravasations of arterial blood had taken place in the skin, scattered over the body. They were about the size of the point of my little finger, and hair-like processes appeared to radiate from a common center. I never saw such a coated tongue. The coat was one-fifth of an inch thick, and all the throat symptoms were worse. Temperature, 103°; pulse 130. There were decided nervous phenomena, to wit: delirium, muscular twitching and distortion of the eyes.

I informed the family that we had a severe case of scarlet fever on hand, had the patient isolated, various disinfectants used, and had all the rest of a large family put on calcium sulfid. I prescribed calomel $\frac{1}{10}$ gr. every two hours and kept up the aconite mixture and added to my treatment tr. chlorid of iron ℥iv, glycerin ℥ij, chlorate of potassium ℥j, water ℥ij, and ordered 15 drops in a little water every 2 hours. I did not advise gargling, as we could only give medicin at the best after prying the mouth open. I gave as nourishment eggnog, milk and liquid peptonoids. I also had the child bathed frequently with salt water and anointed with lard or vaselin.

On the third day the symptoms were much the same, except the tongue was now clean and as red as tho it was a fresh cut thru a living muscle. The throat was ulcerating, had an offensiv odor, and the nervous phenomena were worse. I now added to my treatment alcohol, digitalis, and strychnin, and I sprayed the throat and nose thoroly with a solution consisting of listerine ℥ij, hydrogen peroxid ℥j, and glycerin ℥j.

You will note that the temperature was not as high as might be expected in such a severe case, but he was getting ¼ m of tr. aconite every hour with frequent bathing. It was a very difficult task to take his temperature at all, as he resented all forms of manipulation.

On the fourth day things were much the same, except the toxemia was gradually deepening, the slough in the throat progressing, and fetor of breath very offensiv. The heart showed signs of weakening from profound septic poisoning. Respiration slow and sighing. By this time I was pushing alcohol, digitalis and strychnin to their physiological effect, also keeping up the eliminativ and antiseptic treatment.

On the fifth day no change except the rash showed signs of drying up. From the second day the child was in a semi-unconscious condition. I made no change in treatment.

On the sixth day, no change, except toxemia was deeper, fetor of breath worse, rash drying and scaling, and temperature falling. No change in treatment other than that I withdrew the aconite and cautioned the faithful nurse to keep up nutrition, also keeping the bowels and kidneys fairly activ. The urin was loaded with albumin from the first, but no hematuria.

On the seventh day the temperature fell to normal, or about so; pulse 150 and running in character. The second sound of the heart was no more audible. I shall never forget the profound impression that the heart sound made on me. I can yet hear it when my mind is not otherwise employed. Instead of the usual lub dub, lub dub, it was lug, lug, lug, the second sound being entirely absent. The toxemia was now extreme. I now added to my treatment glonoin.

On the eighth day at 10 a. m. the inevitable came—that which wrings the hearts of loving parents and leaves all the world cold and barren. The patient was simply overwhelmed with the intensity of the poison, "and joined that innumerable caravan that moves to that mysterious realm." I was left heart sore, whipped and disappointed, but tell me, brethren, could mortal man do more?

G. M. ROBERTSON, M.D.

Wapella, Ill.

Is it Scarlet Fever?

Editor MEDICAL WORLD;—H. K., aged 16, of a strong build and always in good health, had worked all summer with a farmer, not losing a day. In December was taken sick. Next night at 9 30 p. m. I saw him. Pulse 169, temperature 106°, respirations 35; throat badly swollen and very sore, covered with dark patches of purplish markings, tongue coated yellowish white and strawberry seeded; face red, but chest, anterior and posterior, arms, abdomen and limbs were covered with a bright scarlet rash, was vomiting, and had been for 18 hours, a yellowish green material.

I diagnosed scarlet fever (anginose variety). Gave a gargle, applied local applications to throat, had body sponged every 3 hours, gave hydg. c. mit. followed

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by a full dose of castor oil with turpentine in it; gave sulfo-carbolates and a mixture of aconite, bell. and n. vom.

In twelve hours temperature was 104⅘°, pulse 125, respirations 20; and he was able to swallow; vomiting stopt; body red as a boiled lobster. On drawing finger length of sternum a white (very white) line remained for a full half minute.

So far not a sign of desquamation is to be found anywhere; patient feels very well, grumbling at being kept in. As desquamation has not taken place, my diagnosis is called in question. How does it appear to you? W. T. HARRISON, M.D.

Keene, Ont., Canada.

[It seems to be a clear case of scarlet fever. The above letter was written Jan. 8. You do not give the date of onset in Dec., so we do not know how long you waited for desquamation. Perhaps it will have come, and your perplexity will have vanisht, before this appears in print. However, you are doing exactly right in restraining him, for premature going out and exposure to cold might result disastrously. The desquamation is sometimes furfuraceous, being sometimes difficult to detect; some even claim that while it is always present, it is sometimes microscopic —the skin is shed in such fine particles. Patients will do well not to oppose the physician's assiduous care, with frequent examinations of the urin, during convalescence from scarlet fever, and until normal health is fully restored.—ED.]

Carbolic Acid for Carbuncle.

Editor MEDICAL WORLD:—In place of the carbolic acid crystals, as used by Dr. Marshall, on page 17 and 18, January WORLD, I would much prefer a 20 per cent. solution in glycerin, introduced into the pus sinuses with hypodermic syringe (the antitoxin syringe is the ideal instrument). I reported several cases treated in this manner to the Mississippi State Medical Association in 1900. Besides being quite as effectiv in the destruction of the poison, it can with a little care and patience be introduced to the bottom of the disorder, at once producing sufficient anesthesia to put your patient at rest; it also, too, causes resolution within a remarkably short time.

I wish also to thank Dr. Wilson (page 17), for his kind reference to that noble character, the late Professor Brickell. I had the good fortune to be associated with him, he as the senior and I as the junior member of the army board for furlo and discharge(Confederate), in the early months of 1862.

The binders are at hand all right, and they are all right. I. W. MILLER, M.D.

Shannon, Miss.

Treatment of Carbuncle

Editor MEDICAL WORLD:—Dr. R. Marshall, of Cowan, Ind., in January WORLD, describing a case of carbuncle, prompts me to give a treatment for carbuncle that appeared in THE MEDICAL WORLD some ten or twelve years ago, and which I have used ever since. I regret that I do not remember the author, for I would be glad to give him the honor, for the originator deserves a monument to perpetuate his memory for the discovery of a treatment that gives so much relief and affects such a rapid cure of this distressing malady:

℞

Hydrargyri oxidi rubri	ʒi-ij
Mentholis	gr. xx
Pulv. camphorae	gr. xv
Cocainae hydrochlor	gr. x
Acidi carbolici	m. xx
Morphinae sulf	gr. v
Vasilini	ʒj

M. Ft. ungt.—The menthol, camphor, cocain and carbolic acid should be mixt together; the red oxid of mercury and vaselin should be thoroly triturated, then mixt with the other ingredients.

Sig.—A thin coat of this ointment to be spread on sterilized gauze and applied 4, 5 or 6 times a day. The gauze should extend about one inch beyond the ulcerated edge.

I commence the use of this ointment immediately when I see a carbuncle, and have used it many times before any suppuration or sloughing had taken place—the red oxid of mercury will do that for you very soon. The only thing I have added to the local treatment is the use of pure peroxid of hydrogen to wash out the ulcerated surfaces when suppuration is well establisht.

I will not discuss the general systemic treatment further than to say that I have employed sulfid of calcuim, iron and various tonics, but have failed to see any markt results, if indeed any; and I believe a judicious use of stimulants and nutritious food all sufficient, with the local treatment above. I have treated many carbuncles, some of them as severe and extensiv as visit mankind, many of them in old and debilitated subjects, and have never failed to keep them tolerably comfortable and to effect a cure in a rea-

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sonably short time with the treatment here described. I have never found the necessity for a knife or caustic, and know nothing in my experience that has given me the satisfaction in the treatment of disease as this treatment for carbuncle.

Rolesville, N. C. L. B. YOUNG, M.D.

Antitoxin.

Editor MEDICAL WORLD:—I see by the December WORLD that you want the profession to report the condition after recovery of diphtheria patients, treated with antitoxin. In 41 cases of diphtheria treated with antitoxin, 40 cures, receiving from 2,000 units to 16,000 units, I have not had any bad effect in any case; no heart trouble, no kidney trouble. As soon as the diagnosis was made 2,000 units were given immediately. If no improvement in from 18 to 24 hours, 2,000 units more were given. One case, a girl of 5 years, with laryngeal diphtheria, received 16,000 units in 7 days, with complete recovery. That has been 6 years ago. The child is now in perfect health. I am a firm believer in antitoxin if used immediately. Do not let the toxin of diphtheria get ahead.

Bridgeton, N. J. ALFRED CORNWELL.

Editor MEDICAL WORLD:—You ask the profession to report as to whether their cases of diphtheria cured by antitoxin have remained in good health after cure. My experience in this disease has been very limited, having treated only eight cases ranging in age from one year to thirteen years; one death in that number, a child two years old that was seen too late for treatment to be of any effect. The rest all fully recovered as far as I know. One case treated about two months ago has moved away. The others were treated over a year ago and are still living in the community and are still among my patrons. I am a strong believer in antitoxin.

E. A. HOPKINS, M.D.

Tidwell, Texas.

Editor MEDICAL WORLD.—You request reports pertaining to results from antitoxin. I will say that the few cases I have treated within two years are all doing nicely; children all seemingly in the best of health. I have also noticed a number of children treated by another M.D., and they have the appearance of being in perfect health. I hear good reports from cases treated in New Bedford and Fall River with antitoxin. I was called in consultation by a French M. D., who had five cases of malignant diphtheria. One case was considered hopeless when seen, as child was nearly dead; the other four made a good recovery under antitoxin, and appear to be perfectly healthy since then.

Westport, Mass. JOHN D. TUPPER.

Diphtheria With Some Unfortunate Terminations.

Editor MEDICAL WORLD:—In your comments on the case of diphtheria reported by Doctor E. H. Green, of Kentucky, you say: "Let us have the cases that end in death as well as those that end in recovery."

Several months ago I was called to attend a little girl, six years of age, suffering with diphtheria. On the third day her throat, soft palate, uvula and posterior and anterior nares were all covered with the diphtheritic exudation, accompanied by fever, coated tongue and a full and frequent pulse. On the second day I injected 1,500 units of H. K. Mulford's concentrated antitoxin. On the third day I found her as above stated, and I injected 1,500 units more. On the fourth day she was very much improved, and on the sixth day the slufs in her throat, nares, etc., had all cleared away and I pronounced her out of danger.

During the first several days I gave her calomel to move her bowels, sulfur and nitrate of potash. The bowels did not move until the third day. She also took alternately liquor calcis, sweet spirits of niter, veratrum viride and hyposulfite of soda until the fifth day; after the fifth day she took elix. quin., strych., et iron and syrup hypophosphites of lime, soda, potash and iron, equal parts, half a teaspoonful every three hours during the day. Her tongue was fairly clean, her pulse normal but weak, poor appetite but cheerful. Had the throat and nostrils repeatedly sprayed with the peroxid of hydrogen. On the seventh day she was sitting up, talking and playing, and in less than ten minutes she turned pale and expired as easily as if she had fallen asleep. Pronounced death due to diphtheritic heart failure.

Her sister, aged 21 years, working near by, ran home to see the little sister. An hour after the death above mentioned I saw the older sister, saw her throat and

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found her a well markt case of diphtheria. On the following morning she had considerable swelling of her throat outside and inside. I injected 1,500 units of H. K. Mulford's antitoxin, concentrated. The following morning she was worse and I injected 2,000 units. The next day she was not better, and I again injected 2,000 units. All the antitoxin, together with local and constitution treatment did not amount to a "snap." On the second day she had "black vomit," and this continued to the end, which came on the fifth day. Her throat was swollen shut and the outside was swollen from the ears down three inches below the clavicle.

Her smaller brother, aged ten years, had diphtheria six months before the little sister was taken sick. He recovered with one injection of antitoxin and other treatment. The family had fumigated, cleansed and disinfected the house after the first case.

In another family in the same house, the sister of the two deceased also contracted diphtheria, also her two children. The mother had a severe attack and would not consent to antitoxin until the fourth day, when her case became serious and alarming Two injections of 1,500 units saved her, but she is weak, has pain and almost general diphtheritic paralysis, and the indications are that she will have a slow recovery. One of the children recovered without antitoxin; the other received 1000 units.

In another family in the same neighborhood a ten-year-old daughter had a severe attack of diphtheria. Three injections of 1,500 each pulled her thru a severe diphtheria, complicated with croup. About a week later she took a cold, had bronchial pneumonia and died in two days.

Another sister, four years old, had diphtheria at the same time. I tried the carbolic acid injection, diluted, recommended by J. J. Lawrence, in the Medical Brief. It had no effect whatever, and the child died. I will never trust carbolic injection in diphtheria after this. Another older child in the same family had a severe attack and recovered without antitoxin. Medically and locally all cases were treated on the above described plan.

I am a firm believer in antitoxin, but am not prepared to say that it will not depress the heart in some cases; but I know diphtheria so well, and treated many cases before the day of antitoxin that also suffered and died from diphtheritic paralysis after the throat had been cured.

Many years ago a brother and sister, both grown up, suffered severely from diphtheria. After they had been out of bed two weeks, both began to suffer from general diphtheritic paralysis and were in bed seven weeks before they could again walk.

In the same family where the mother and two children had diphtheria I had operated on two of her boys for phimosis a week previous to the mother's sickness. Both prepuces were swollen, sore, and it required four weeks for the boys to get well. One of them had a mild form of diphtheria, the other escaped. The father also had a mild form of the disease and the most he took was whisky. A thirteen year-old girl also was in bed for nearly a week with the disease in her nose. She also took whisky with medicin.

In another family two children took diphtheria. To one I gave two injections of 1,500 units each and it died from croup. The other got one injection of 1,500 units and it recovered. The mother and a grown up daughter also had the same disease but no exudations in their throats. A baby, two weeks old, had inflammation and ulceration around the umbilicus, no doubt diphtheritic in nature, and it healed slowly.

I have great confidence in antitoxin, but do not consider it a specific in all cases. It may do the most good and the quickest work when given the first day. I also know that many cases get well without it.

We all regret our mistakes and failures, whether we hide them to save our reputations, or expose them for the benefit and comfort of the fraternity.

FRANK R. BRUNNER, M.D.

Eshbach, Pa.

What was the Cause of the Miscarriage.

Editor MEDICAL WORLD:—While the following case terminated successfully, still there are a few questions I wish to ask the Editor and the WORLD readers concerning the case.

Dec. 9, 1901, Mr. M. came to my office and gave the following history of his wife's condition: The mother of two children, living, youngest three years old. Never miscarried. Six months pregnant. For the past 2 or 3 months has been on the

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decline, losing flesh. Appetite has been good most of the time. Bowels costiv. Kidneys seem to be normal as far as they could tell. For 8 or 10 days, in the afternoons, she would have an intense frontal headache. Dec. 4 began vomiting everything she would take into her stomach. Bowels had not acted for a day or two. Urin scanty and high colored. This was all he could tell me about her condition.

I gave him 5 calomel, ipecac and soda tablets. Ordered one to be given every hour, followed in 4 or 5 hours by enema, if it had not acted. Spts. ether nitras, one-half teaspoonful doses every 4 hours until kidneys act freely. Report her condition.

As I did not hear from her for a day or two, I supposed her better. On Dec. 12 he reported that the medicin did not act; he did not retain more than two tablets, if any at all, and not any of the drops, and that she was getting worse. He desired me to go to see her.

I found her vomiting every few minutes a very sour, yellow material; said it "burnt her throat and mouth until they were raw." Bowels not moved; they had used enemas often. Headache had ceast; no appetite; temp. 97.5°, pulse 65. Urin almost pure bile; jaundiced very badly. Gave hypodermics of ¼ gr. morphin $\frac{1}{150}$ atropin; calomel dry on tongue; bismuth, ingluvin, etc; alkalies to overcome the hyperacidity of stomach. Exhausted the materia medica to get something to stop the vomiting. All the time trying to get bowels to act; glycerin, castor oil, salts, etc., were used in the enemas, but without success.

Dec. 13. About the same, only weaker, with tenderness in lower bowels. She said she could feel the child move. I was in fear of a miscarriage. Continued treatment.

Dec. 14. Patient same with slight pains in lower bowels every 15 to 20 minutes. I then saw I could not prevent miscarriage; got everything ready by noon; miscarried; child dead, black skin, easily torn; placenta black; came out in pieces, very offensiv. Cleaned the uterus the best I could, and gave a bichlorid douche. Ordered a carbolized douche night and morning.

Still she vomited, became delirious; unconscious most of the time.

Called Dr. W. in consultation. He had nothing to suggest, only continue as I was doing. Gave strych. sulf. hypodermically every 3 hours instead of every 4 hours. Ordered 2 gr. doses of calomel to be given every 2 hours until 6 were given. After the second dose she ceast vomiting.

Dec. 16. Temp. normal; not delirious; still stupid; beginning to gain consciousness; stomach quiet.

Dec. 17. Bowels moved freely. Patient conscious. Temp. normal. Kidneys acting freely. Patient never had any fever. Made a rapid recovery. Dram doses of phosphate of soda every 4 hours has about cleared the skin.

Was the jaundice produced by the decomposition of child? Or was the death, decomposition, etc., of child caused by the condition that produced the jaundice and fecal impaction? Or were each produced from a separate cause?

Utica, Ky. J. H. THORPE.

[Brethren, please reply. Please don't wait to be askt. Every issue contains something that should inspire your pen. We are after the busy but quiet men who seldom write. Some men write too often. They should read more and write less. We want to inspire the men who seldom write. Much talent is covered and concealed by a cloak of modesty. We want to bring out the talent—but we *don't* want to destroy the mantle of modesty.—ED].

Version.

Editor MEDICAL WORLD: — Thinking that the case I am about to describe was somewhat unusual, and that probably my methods were somewhat unusual, I thought perhaps that some of the WORLD readers might be interested in it. I was summoned to case at 11 p. m. Woman had been in labor five hours; second pregnancy; abdomen large. Examination per vaginam revealed os very high up, and dilated to the extent of a half dollar; rather soft and dilatable; nothing could be detected in os but a very lax membrane; no bulging; abdomen walls were thick and fleshy; long axis of womb deflected to left. It was clear that the fetus lay in long axis, but whether head or breach presentation I could not determin. I put on bandage and attempted to gradually urge uterus over to natural position, still examination per vaginam revealed nothing. I then put her in knee-chest position, continuing gliding movements over uterus; next examination per vaginam revealed head well

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up in front of os, behind pubic bone. Pains continuing strong, I then attempted by combined movements to adjust head at brim and finally succeeded; then mechanically dilated os and waited for results. Os continued to dilate very slowly for three or four hours, but head did not engage. I ruptured membrane, anesthetized patient, introduced my whole hand into the vagina and made out position of head, and tried to apply forceps, but head so accurately fitted brim that it had to be given up. Stopped anesthetic and waited again for results. Pains continued strong, but no advance took place for the next four hours, and as patient was getting weak and exhausted, I determined to make another attempt at high forceps application, and this time succeeded, but could not budge head. Withdrew forceps, introduced whole hand into uterus, pusht up head away from os, grasped and brought down one leg, then the other, delivered breach easily, keeping head in right oblique diameter, which blockt at superior strait, as I expected. I now applied forceps to after coming head, and after much trouble succeeded in delivering. A slight rush of waters followed child—a ten pound boy. Child was cyanosed and apparently lifeless; but as I had noticed signs of life a minute before, artificial respiration was begun; very shortly it breathed, then cried, and is now apparently none the worse for its trip except a bruise on right leg. Head bones were very thick and almost completely ossified, with no apparent mobility at sutures, which accounts for its slowness in engaging at brim. There were no alarming signs in this case at any time, except that no progress took place and labor had lasted about sixteen hours. The ease with which I was able to turn the fetus was due to the fact that the head, acting as a plug had prevented a great quantity of the waters from escaping. Mother is a large, fleshy woman of about one hundred and eighty pounds, 29 years of age. Pelvis, antero-posterior diameter at brim four inches; rather less than average, but other diameters were average. During labor there was enormous distention of the veins in walls of vagina. I have been a reader of THE WORLD for one year. Would not be without it, for its pages are filled with jewels for the every day doctor.

D. E. MCGILLIVRAY, M.D.

Port Angeles, Wash.

Change in P. O. Ruling Desired.

Editor MEDICAL WORLD:—The inclosed circular letter explains itself. We physicians, in the larger cities especially, need this rule changed in order to keep track of our delinquents. Will you please give the letter a place in your journal, and ask the subscribers to appeal to their members of Congress and the Senate to have the rule changed? It is not a law, but a rule of the P. O. Department.

Omaha, Neb. H. P. HOLMES.

SOUTH OMAHA, NEB., September, 1901.

To Lawyers, Commercial Agencies and Business Men:

Your Attention, Please.

There is a ruling at present in existence that is obnoxious to most if not all of you, and I think it is time we were making a concentrated effort to have the same withdrawn.

The rule I refer to, is that which prohibits anybody connected with the postal service from telling you the addresses of people you want to find. No difference how important the subject matter, no difference if it is a near and dear friend, no difference if it is a deadbeat who is trying to keep hid under the cover of the United States laws so that you cannot get at him to make him pay your honest obligation against him, it is all the same; you are not able to find him, unless some one connected with the Postal departments disobeys the mandate of this obnoxious ruling.

In my own experience I have been compelled to write to places hundreds of miles away to find people who were at the time within two blocks of my office.

And the more experience of this kind I have, the more disgusted am I that the P. O. Department of the United States would adopt such a rule as this. This rule protects no one except those who want to hide from some one. It is of no possible benefit to you, and I know it is detrimental to me. I would many times willingly pay from 5 cents to 25 cents to the postal revenues, in order to secure the address of a man, and it could be made a source of a good deal of revenue in place of being no benefit to a single honest man in the whole country.

I would suggest that you call the attention of your business and professional friends to this matter, and ask them to do the same with their other friends, and would further suggest that we start a concerted movement all over the country to secure the withdrawal of this rule.

Then I would suggest that you write to your member of Congress and other members of Congress and of the Senate and ask them to make a movement looking toward a repeal of this rule. Suggest to them that we are all of us many times willing to pay for the information gained, and the Postal department then can be made of more benefit to us all, for the laws of the country should be made for the benefit of the business public in every particular and not for the benefit of deadbeats and those who want to "hide out" from some one.

Let us one and all do what we can, and the repeal of this rule will come as surely as that we make the effort in that direction.

Those to whom this letter may be sent will please let me know what they think of the rule, and what they will do in the effort to have it withdrawn. We can secure this change if we make the proper effort. Respectfully submitted,

F. A. AGNEW.

Removal of Gun Powder Stains.

Editor MEDICAL WORLD:—On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud, also removed the powder from the sclerotic. Did the operation under a four per cent solution of cocain. After the operation I used a fifteen per cent. solution of hydrozone in the eyes. After removing the particles of glass from the face I kept a cloth over it saturated

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with a fifty per cent. solution of hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.

E. G. CORBETT, M.D.

Hampton, Florida.

Removal of Powder Stains.

Ammonium iodid, 1 ounce; distilled water, 1 ounce. Paint solution on the stains. This will turn them to a reddish color, which can be removed by painting with dilute hydrochloric acid. The application of hydrogen dioxid is quite effectiv, also, in this trouble.—Merck's Archiv.

Editor MEDICAL WORLD:—During the past year, in this section there developed quite a large number of cases of smallpox. Most of these cases were of mild symptoms and atypical in every respect, and a number of physicians declared positivly it was not smallpox. However, as a result of this error it spread, and one case followed which was typical and fatal. This settled the dispute. A. B. WALKER,

Melvin, Mich. Health Officer.

La Grippe.

Editor MEDICAL WORLD:—Much is written regarding "la grippe," or epidemic influenza, and the majority of the medical profession consider this disease an aggravated cold; but under close observation and special study, I have found that this disease requires the utmost attention on the part of the attending physician. It is without doubt a very dangerous infectious disease whose specific germ, multiplying with great rapidity, attacks especially the organs that are affected with loss of vitality. The disease itself causes inflammation of the air passages, lungs, nose and throat. Because of neglect during convalescence, thousands of victims are carried off every year. If proper care and attention is observed during this convalescence, the patient is, in nearly every case, protected from relapse. Usually during the first attack the heart action becomes weak, leaving the patient debilitated. This is the very time for tonics, including rest, care and patience, with plenty of nourishing food and good hygienics.

St. Louis, Mo. CHAS. E. WERNER.

"Enclosed is $3 00 for four years subscription to THE MEDICAL WORLD. I like your monthly talks; they are to the point."—Dr. B. F. Gardner, Bloomsburg, Pa.

"The Germ of Truth etc."

Editor MEDICAL WORLD:—In the January WORLD, pages 19 and 20, there is a criticism of my article on "the germ of truth," etc. A man who sees "good" alone in everything is an optimistic ass. It is an axiom that everything in nature has its opposit: as good and evil; right and wrong; etc. When two systems are diametrically opposed, both cannot be right. If Dowie and his followers are right, we must be wrong. He claims to be "inspired," fights all the symptoms of medicin and religion, and his followers smash drug stores. To the man who sees only "good", there can be no false prophets, no mercenary scoundrels, no charlatanry and no credulous fools. To point out these things is "sectional foolishness" to him. To call every therapeutic vagary that has a following a "method of the healing art," is similar to classing the president of the Lime Kiln Club with the presidents of the nations. Such classifications show a hopeless confusion of thought. And to expose a bunco game is not indubitable evidence of jealousy.

Dows, Iowa. J. A. MULNIX, M.D.

An Exceptional Case of Typhoid Fever.

Editor MEDICAL WORLD:—The case I am about to report took her bed Oct. 5, 1901, during an epidemic of typhoid fever. The family had been using water from the Miami University well, which was condemned by the state. The water was found to be rich in typhoid bacilli, and many cases had their origin traced to this well. The daughter of the patient was sick at the time with typhoid. She had taken sick several days before the mother.

My patient was 63 years old. Her temperature chart was typical during the early part of her sickness. The morning remission was about 101°, pulse 74, and the evening temperature did not exceed 103.4° F. until the night of the fourteenth day.

On the eleventh day she had an intestinal hemorrhage and it lookt as tho her chances were few. The heart became weak, and at 6 a.m. on the twelfth day the temperature was 99.6°; but strych. sulf. and digitalin pulled her thru this dark place. The clouds cleared away and all was well until the night of the fourteenth day. At one p. m. on this day her tem-

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perature was 102° when the nurse lay down to take her rest, leaving the patient to be taken care of by another. At 6.30 p. m. I was hastily summoned, and found my patient on her left side shivering as if she were very cold. Her mouth was tightly drawn, and I was compelled to obtain her temperature, which was 106.6° F., in the axilla. I gave her a hypodermic of morphia, ⅛ grain, and reduced the temperture to normal in one hour by ice sheets. I tried to discontinue the use of ice sheets at 101°, but was unable to do so since the temperature increast very rapidly and the same conditions were coming up. The patient did not complain of the ice sheets at this time. One thing peculiar about this case was that she was uuable to well stand more temperature than 102° F.

At 5.30 a. m. on the fifteenth day her temperature was 96.4° F. Gave her 3j aromatic spirits ammonia for subnormal temperature, and at 7.30 a. m. her temperature was 98.4° F. and pulse 72; at 7 p. m. the temperature was 101.2° F.

On the nineteenth day she had another attack of hyperpyrexia. At this time I was unable to obtain the exact height of her temperature, as the nurse and I were kept absolutely busy applying sheets. We were from 6.30 to 10 p. m. before we succeeded in reducing the fever.

At 8 a. m. on the twentieth day her temperature was 96.6° F.; at 7 p. m., 99.6° F. On the twenty-first day at 7 a. m., temperature was 97.8° F., and about 10 a. m. I was called and found my patient in the same condition as I had previously found her. I succeeded in pulling her thru with ice sheets again. At this time she complained greatly of the cold sheets. On the twenty-second night, quinin and bathing prevented hyperpyrexia.

From this time on, whenever there were any signs of hyperpyrexia, I gave her from twenty grains to 3ij of quinin sulf. at a dose in addition to two grains every three hours. This produced no ringing in the ears, but did prevent further attacks.

Intestinal lining was discharged with the feces from the bowels. There was cystitis and hematuria. After the appearance of the blood in the urin her temperature always fell.

On the sixty-third day, patient had last fever, and on that day she sat up, ate a soft boiled egg and soft part of a stewed oyster. Since the temperature was prolonged by complications, I allowed her these privileges.

I discharged patient on the seventy-third day.

I know of no case recovering from typhoid with an age of 63 years and temperature of 106.6° F. I also wish to bring out the fact that quinin sulf. controled hyperpyrexia.

Oxford, O. D. D. DeNeen, M.D.

Is This Our Brother's Death Knell?

Editor Medical World:—Inclosed you will please find my check for subscription to The World for 1902. I am grieved to say that this is likely my last renewal to your excellent journal, since I was informed yesterday that I have incipient tuberculosis. A good, safe man made the diagnosis, and I have no doubt as to his opinion.

I am nearly fifty years old and have a family. What is the best advice you can give me? I do not want to run over the United States in quest of health resorts. I am entirely comfortable at my home. My mother died of consumption when I was ten, and she thirty-four years old.

G. A. Rebman, M.D.

Wrightsville, Pa.

[We will leave this open for responses from the "brethren."—Ed.]

Reply to "Physician's Wife."

Editor Medical World:—I am not exactly a Rip Van Winkle, tho my last (and first) communication to The World is found in the April number, 1887, when I told my medical conferes how to *safely*, *surely*, and *quickly* rout the murderous diphtheritic bacillus that so ruthlessly destroys our innocents. That letter brought me correspondence from the Atlantic to the Pacific. I took The World for a year or two and dropt out; but I dropt in again a year ago, and I am in to stay with it as long as it antagonizes state and National corruption, and gives the medical profession one of the best mediums for the busy practitioner now publisht.

Who would not be moved by the cry of "Physician's wife?" (Dec. No., p. 528.) This is a complex case and will require careful handling. A toxic condition exists, and we must eliminate waste by stimulating heart, liver and kidneys. The sister did not tell us that she had occasional palpitation of the heart. Now, Texan doctor, I would treat your "better half" something like this

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wise: strengthen that heart with cactus grand, spec. tinc. 1 m, and tab of ¹/₁₀ strych. or fluid ext. of nux vomica, t. i. d. The cactus is slightly diuretic. No calomel or any of its combinations in this case. The liver will respond charmingly to persuasive doses of specific tinc. chionanthus chelidonium or euonymus. If you prefer the fl. extracts, all right. I formerly used them, but now I prefer the spec. tincs. (Lloyd's). They are more pleasant to take, reliable and more economic to the physician. As a diuretic I would use spec. apocynum and polytrichune junip., and continue their use after free diuresis has been establisht. Use horse radish and mustard in cider vinegar at every meal. Drink often of fresh butter milk. As a tonic use bovinine and a tab. of protonuclein every four hours.

T. J. GRIFFITH, M.D.

Crawfordsville, Ind.

Goiter.

Dr. D. A. Johnson, of Dundee, N. Y., has received so many requests for fuller details in the treatment of goiter than given in his article on page 425, October WORLD, that he can not give personal reply to all letters.

He says that the following formula will prove "O. K." in a general way:

℞

Iodid potass.	℥iij
Fl. ext. phytolacca	℥ss
Simple elixir	℥viij

M.—Dose, a teaspoonful three or four times a day, which may be increast if tolerated.

The Doctor insists that the treatment should be varied according to the "temperament," and the indications in each particular case; but he gives no clear idea concerning the variations to make, except to say that "if lithemic, comp. fl. ext of stillingia may be added." Instead of painting the enlarged gland with tr. of iodin, he covers it with rubber adhesiv plaster, changing about once a week.

Rupture of Spleen.

Editor MEDICAL WORLD.—Charles C., aged 17, small, slim, poorly nourisht, left home and staid all night with strangers. Toward morning he was found in front of the house, dazed, but able to walk, talk, etc. With help he walkt around, then laid down on the veranda floor, and in a short time was dead. An examination by the coroner showed that he had slept up stairs, had opened a window, went out on the veranda roof, and either jumpt, fell or climbed off, about fourteen feet. There was not a bone broken, nor a bruise anywhere on his body. An autopsy showed the abdominal cavity full of blood, and the spleen torn entirely in two. The other abdominal viscera and the thoracic organs were all normal. The spleen was rather large, but not friable.

Is not this a very uncommon accident?

Delaware, O. F. L. GAGE, M.D.

A Few Dots.

Mercurial ointment (blue ointment) applied over the seat of any serus inflammation, as pericarditis, peritonitis, or even appendicitis, is as near a specific as we have.

Mercury biniodid (red), 5 grs.; pot. iodid, 5 grs.; aqua, 1 oz. Mix. Dose, 5 drops every 4 to 6 hours, will cure nursing sore mouth.

Prairie mange, or the eruptiv itching disease common at times to all the country, can be easily cured with chrysophanic acid, 30 to 60 grains to petrolatum 1 oz., according as the skin is fair and delicate, or dark. Apply at night for 3 nights, then wash off. Repeat if necessary. Wear old underclothes, for it will stain.

Compton, Cal. O. T. PRATT, M.D.

"Empiricism" vs. "Scientific Prescribing."

Editor MEDICAL WORLD:—I have been interested in the test cases. Our homeopathic brethren certainly have the best of us in the uniformity of their prescribing. However, I am far from being convinced that their method is the better.

Let me site a few cases of "empiricism" vs. "scientific medication." A carpenter who was and is a believer in homeopathy was taken sick. Dr. S. was called and pronounced the disease malarial fever. For three weeks he prescribed in true homeopathic style, but the carpenter did not improve. Then our homeopathic friend called in one morning and said: "Well, Dick, I will have to give you quinin, I guess." The quinin was given in good old fashioned 4 grain doses and the man was rid of his fever in 4 days.

Case II. A woman sick in bed for a week. Dr. S. was called out of town. He was detained. The woman's medicin was gone and the Doctor had not returned. As a friend of the family and Dr. S., I was called in to prescribe one evening. The

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Doctor was expected back next day, so I only left medicin enuf to last over night. Next morning on my way down town I met the husband and askt after his wife. He said, "She is much better, but Dr. S. was in this morning and made fun of your 'horse medicin.'" I went into a drug store before I went to my office, and I found Dr. S. in there buying "horse medicin." Under the influence of "horse medicin" administered by a homeopath the woman recovered promptly.

Case III. An old man, sick for 3 days. Dr. S. said that he was threatened with apoplexy. He had been treated in a "scientific" manner according to the "similium." Dr. S. was called to a distant town and said to me, "Go and see Mr. C. and give him what you think best." Mr. C. got well promptly after a good dose of rhubarb and calomel had had time to do its work.

Case IV. Mr. R., 75 years old. Dr. S. called in. Mr. R. was treated for seven days for uremia in true homeopathic fashion and had not improved. I was called in. Mr. R. certainly had uremia. By using a catheter a large amount of urin was removed from the bladder, and for the next week he got "horse medicin," which had a wonderful effect. "Empirical experimentation" seemed to agree with him. Then the old gentleman took homeopathic medicin again for about three weeks. One morning I met Mr. R's son in-law, and I askt how Mr. R. was. He said, "Oh, he is better; he is going home today, but I guess his bladder is paralyzed; his urin dribbles away all the time, and Dr. S. says he don't think he will be any better. Can you give him something?" I wrote a prescription and the old man took it for 4 weeks and then sent back word that his urinary organs were in better shape than they had been for several years.

Dr. S. and I are good friends and often help each other. I could cite dozens of cases like the above where what the homeopaths please to call "unscientific prescribing" and "empiricism" have done more than "scientific prescribing." I can also cite cases where Dr. S.'s advice has helpt me. His advice was not always along "scientific" lines, either.

Dr. S. has been honored by his state society, and judging from what his brethren say of him, he is regarded as one of the bright men in the state. I was a boy in short pants when Doctor S. began his career as a "scientific prescriber." After years of pleasant association in practise side by side, I am willing to match my skill and "empiric experimentation" with his experience and "scientific prescribing." I do not write this to belittle Dr. S. During the years I have known him I have learned to respect his skill and judgment and rely on him for help. I do say that there is something radically wrong with the homeopathic "law," or all us fellows would see the light and be on that side of the fence. What I would like to know is this: Does the "scientific prescriber" save more lives and get his patients out of bed in a shorter length of time than can the regular? If he can, I will begin to practise "scientific medicin" at an early date. I know homeopathic physicians that I respect for their skill. They do not always write "scientific" prescriptions; occasionally (and sometimes oftener) they give "horse medicin."

I am not an enthusiast. The word "scientific" don't stampede me; I don't shy at "empiricism;" I don't see everything with a rainbow about it; I am not a pessimist, either; I have an abiding and growing faith in drugs and know how to use a few of them, and I want to learn how to use more correctly.

Let some of our homeopathic brethren tell us of some of the things that their success has wrought. Where is their Gross, Rush, Agnew, Lister, and a score of other great men, past and present? The founder of their school was a great man. Jefferson, Hamilton, Adams, and other men of the early days of the republic were great men and statesmen, but they could not legislate for our country now—it is too big, grown far beyond their wildest dreams. Medicin has grown in eighty years, and has produced giants since then that make the giants of old look like pigmies in comparison.

J. S. R.

Homeopathic Treatment of Chronic Suppurativ Otitis Media.

Editor MEDICAL WORLD:—As a reply to Dr. H. M. Ochiltree, of Haddam, Kansas, on the homeopathic treatment of *chronic* suppurativ otitis media, I submit the following: Having done a specialty of ear diseases since beginning the practise of medicin, I desire to state to him that this treatment will cure many cases passing to him thru other hands, and pronounced incurable.

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Causes: Follow the acute catarrhal form; secondary to exanthemata; evidence of tubercular diathesis. Prognosis: Favorable to life. As a rule unfavorable when ordinarily treated by the general practitioner. They are curable. Do not look upon them as trivial. Ever danger of mastoid involvment.

The following six remedies cover the greater number of cases. Use them in the potency exprest.

Mercurius, 6x: Suppuration with *glandular* involvment. Suppurativ discharge is fetid, white or bloody. The perforation in drum is small.

Hepar sulf., 6x: Ear is very sensitiv to the least touch or cold. Discomfort and feeling of heat in the head. Discharge is slight, very sour and very offensiv.

Silicia, 12x: Useful in complicated old-standing cases. There is necrosis and caries of the ossicles or bony walls of middle ear. There is not much discharge, but the lining of the external auditory canal is usually ulcerated. The repair of the membrane is rapid on the application of this remedy.

Hydrastis, 3x: The discharge is thick, tenacious, stringy, muco-purulent and is bland and unirritating. Dropping of mucus into the throat associated.

Kali phos., 6x: This remedy is especially to be considered when a tubercular origin is suspected. The discharge is thin and dirty. The parts bleed from the least touch.

Calcarea carb., 12x: The patient is inclined to be fat. Skin is fair, flesh is flabby. The keynote of this drug is the three f's: fair, fat and flabby. The discharge is white, sticky, thick. There is usually sweat on the head. If there is a tendency to granulativ tissue or tissue tumors, use calc. iod. 12 x.

General measures: Syringe the canal carefully; instil hydrogen dioxid; wipe dry with pledgets of cotton; then insufflate with impalpable powder of boracic acid. Repeat this treatment every day for a week or ten days, then two or three times a day until the canal remains dry and clean.

In complicated cases where there is necrosis of the bone, ordinary antiseptic measures will fail. In a test tube heat one ounce of water to 115° F.; mix with this one dram of Fairchild's glycerin pepticum and four drops of hydrochloric acid c. p. (16 minims dilut U. S. P.). Fill the external canal for a half hour, then syringe out and insufflate with boracic acid. After 3 days repeat the treatment. Two or three treatments will usually digest the dead bone, then continue as if uncomplicated.

The remedies given internally should be used every 3 hours, later 3 times a day. I am satisfied if our friend will equip himself with the above remedies, bought of any good homeopathic pharmacy, such as Halsey Bros., of Chicago, or Luyties Homeo-Pharm., Chicago, and study each case separately, and use single internal remedies as they appear to be indicated, he will cure cases that would seem almost incurable.

CLAUDE E. HOOVER, M.D.

Edgerton, Ohio.

Gastro-Enteritis.

Editor MEDICAL WORLD:—I beg to give a note of a case of gastro-enteritis to which I was called on the 22d of last September, more especially for the benefit of your readers to whom potentized remedies are a *terra incognita*. The patient was a bottle-baby six or seven weeks old, emaciated to the last degree, vomiting everything given, with frequent acrid, deep green, stools. The peculiarity about the stools was that they dried up into flat flakes resembling cow-dung. That group of symptoms calls for arsenium iod. and nothing else, tho of course I at once placed him on barley-water and white of egg mixt with water, alternately, later adding cream to the barley-water. The remedy was given in the 10th cent. potency, and I believe that in any dose no higher than the third decimal he would have fared no better than he was doing under the "school of the admitted results of experience," i. e., the dominant empirical school. Improvement was perceptible the next day. Later I prescribed sulfur 200th, and in a week more, thuja 6th; but only three visits were called for, and the child is now as bright and vigorous as possible.

H. H. READ, M.D.

Halifax, Nova Scotia.

We cannot understand how a hound can follow the trail of a fox on a windy day twelve hours after the fox has passed. No chemist or scientist by any known means could discover a molecule of odor, but it is there, and of sufficient quantity to physiologically excite the delicately constructed nervous mechanism of the mucous membrane of the nose of the dog. Now, could any one find out the infinitesimal dose

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necessary to produce this obvious result on the dog? Of course, dose has nothing to do with the law of homeopathy, so long as we do not give enuf medicin to aggravate the symptoms; but from our experience in close prescribing we find the small dose is the more satisfactory.

Athens, O. J. M. HIGGINS, M.D.

A New Test Case.

Editor MEDICAL WORLD:—Allow me to say that I like THE WORLD better than any medical journal I know of. It comes nearer giving the right thing at the right time for the busy practitioner than any medical journal I have ever taken, and I have taken a great many in the last 30 years.

I have been somewhat interested in the test cases and their treatment, but I do not think we have had a fair case before us yet. Dr. Chapman's case of pneumonia being a self-limited disease, might get well under any good supporting treatment, and might die in spite of remedies. Dr. Kendrick's are also to some extent self-limited; the first, intermittent fever, can be cured in a great many ways; the second, bilious remittent, is more serious, yet not necessarily dangerous under proper treatment. I think we should have a case for a test of treatment that is in no sense self-limited, but one which always ends in death if not properly treated, and one which if well managed will almost always recover. I will give such a case and shall be pleased to have the exponents of the various schools prescribe for it.

Case: Suppose you are called at 3 o'clock p. m. to see a man who is usually healthy, and you get the following history: About 9 o'clock a. m. this man began to yawn and feel badly; he had cold feet and hands, bowels constipated, urin scant, tongue with brownish coat; the coldness continues to spread all over the surface; you find him at 3 p. m. with cold, shrunken skin, rapid, feeble pulse, and very restless. Severe headache, pain in back, complains of feeling hot, yet his skin is cold; has an anxious expression, will answer questions readily, but when left to himself he drops into a low muttering delirium. Was very thirsty in the morning, stomach irritable; his face by this time has became cyanotic, lips livid, with general depression rapidly coming on.

Now, my brethren, here is an enemy worthy of your steel. Any doctor living in the Mississippi Valley south of the Ohio river knows that this man will die in the next 48 hours if he is not promptly and vigorously treated; but if he gets the right treatment he will almost certainly get well. This is no self-limited disease, but one that certainly kills if let alone. I have been rather lengthy in describing this case on account of the homeopathic brethren, as they complained that Dr. Kendrick did not sufficiently describe his cases for them to understand them, but it seems to me that the Doctor made them so plain that any one could have named them. I hope they will understand my case. I do not believe the regulars and eclectics will have any trouble in either diagnosis or treatment. J. M. J. MANNING, M.D.

Almo, Ky.

Castration Among Squirrels.

Editor MEDICAL WORLD:—It has been noticed by many people that squirrels, as well as chipmonks and other animals, castrate each other. In the breeding season, the old male squirrels in contest over the females, will castrate each other; sometimes both share the same fate at the same time. Castration is their mode of warfare. The female squirrel when annoyed by the male when she is not in heat, or when she is in heat and the male from sexual excess, debility or other causes, will not notice her, will castrate the male. The young squirrels are sometimes castrated by their mothers. The object is supposed to be to save herself and other females from being annoyed when not in heat, and to preserve peace among them. The young squirrels are also sometimes castrated by the old male squirrel. His object is supposed to be to have less competition during the breeding seasons. The female squirrel seems to have a better object for performing the operation than the male.

J. A. BURNETT, M.D.

McLoud, Oklahoma.

[The above is entirely new to the Editor, and he admits it entirely on the authority of the contributor. If true, it is a curious study in sexology.—ED.]

Determination of Sex.

Editor MEDICAL WORLD:—Nature always works, if we may so term it, to produce a female; but the numerous drawbacks keep the two sexes tolerably even in number. Protoplasm itself may be called female, because it is the mother of

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all organized life. All thru the vegetable and animal world we see life working for the perfection of the female. If we examin closely into her modes, we shall see that it is really the female that is the acme of all organization. If males are produced, it is because the conditions for producing females were not favorable. The development was "arrested" and only a male was the result.

Cultivate a single poppy or a wild rose and in time you will see the stamens one by one turning into corrolla leaflets, and by and by they become nearly all flower leaves. Some kinds of flowers will do this till not a stamen (or male part) is left, and then the flower will be seedless unless fructified by the pollen of some single flower from the same plant or one of the same kind. High cultivation will produce melons, apples, etc. that are nearly seedless.

When all conditions are favorable, there are many of the inferior insects and animals that will reproduce themselves thru virgin generation. All of these facts go to prove the female the superior instead of what she has been so long termed, the inferior of man.

Your correspondent in August WORLD says: "By feeding, the sex development of the young bee may be modified." This is correct in so far as all the working bees are concerned, for they are undevelopt females, and every one of them might be developt into a perfect female or queen bee by the same feeding and care that changes one or two of them into queens. Before the queen is fertilized she only lays drone or male eggs. When fertilized she lays two kinds of eggs, drone and female. The drone eggs are male because in passing from her they fail to receive the spermatozoa on their filmy covering as they pass by the spermatheca that contains the sperm received from the male. In three, five or six years the spermatheca is empty and the queen lays only drone eggs. A young, immature queen and an old and feeble one cannot produce the superior sex, but simply an incomplete (arrested development) male.

Schenk has proved his theory of determination of sex. Proved the female the superior animal. He has not failed to produce a female in a single instance where his regimen was faithfully carried out. In forty-one cases thirty-nine succeeded—two failed where the patient did not follow his instructions. The conclusion is evident that the male is arrested development, and that under proper conditions females alone would result.

ELMINA D. SLENKER, M.D.
Snowville, Va.

Salicylate of Strontium for Rheumatism.

Editor MEDICAL WORLD:—Case of severe rheumatism lately, leg swollen, ankle swollen and extremely painful; used salicylate of soda and opiates for nearly a week; only slight improvement; then salicyl. strontium with wonderful benefit—in two days down stairs playing piano.

Melrose, Mass. J. E. SANBORN.

Editor MEDICAL WORLD:—I am an "old fogy"—not "dyed in the wool," but of the original color. I bleed in puerperal eclampsia invariably, and also if it is threatened by "O, how my head aches, doctor," between the pains. Watson's Lectures are my classic, and Trousseau's Clinical Medicin my guide in pathology. Nevertheless, I have kept myself up to date, thanks to THE MEDICAL WORLD and its congeners; and am ready to give a decilionth of a grain of pulsatilla of the homeopaths, a flash of lightning of the electropaths, podophyllin of the eclectics, lobelia of the physio-medicals (Thompsonian's), or souse him under water a la Baruch or hydropaths. I am now combining them largely in one via the alkaloids and give "dose enuf." But, say, I can not do without THE WORLD. I want it as long as I live, seeing it gets better all the time. Enclosed find my four years' subscription. M. AGNEW, M.D.

Makanda, Ill.
Med. Coll. of Ohio, 1862.
Miami Med. Coll., 1866.

EDITOR MEDICAL WORLD:—A neighbor physician presented me with a year's subscription to your esteemed journal in 1899. Since then I have paid for it, because I get a new thought or idea from each issue. I have grown to like your journal very much. I, however, have nothing new ocurring in my practise. Am usually very busy, and interested in knowing what the correspondents have to say. I write merely to show sentiment of a silent critical reader.

Poplar Bluff, Mo. W. F. S. TAYLOR, M.D.

[You are too modest, Doctor, for the good of the profession. We want to hear from busy men.—ED.]

Dr. M. Enfield, Clarinda, Iowa, writes: "Allow me to express my appreciation of THE MEDICAL WORLD by a four years' subscription. Herewith is P. O. order for $3.00."

Dr. H. F. MacLeod, Dorchester, Mass., sends $3.00 for four years' subscription and writes: "As the months come around I watch my mail for the most useful journal that comes to my office. I find it at all times full of good thoughts and ideas. On more than one occasion THE MEDICAL WORLD has been my beacon light to success."

"Inclosed find $3.00 for four years' subscription to THE MEDICAL WORLD. I get more out of WORLD than from any other journal I take.—Robert G. Gtodbred, Mayo, Fla.

Dr. G. W. Wetter, Grand Island, Nebraska, sends $3.00 for four years' subscription and writes: "I appreciate your liberal offer. I consider WORLD one of the best journals among my reading matter; it is very practical and helpful to the busy practitioner.

Dr. F. E. Harlow, Windsor, Vt., sends $3.00 for four years' subscription and says: "I find many articles of merit in THE MEDICAL WORLD. I think in your 'monthly talks' one gets ideas from some of the brightest minds in the country. The government ownership of railroad and express systems is what we should all be after and fight for."

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Quiz Department.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

One who has been a subscriber for 15 years desires the formula for "Vanderhoof's Opaline Suppositories," made at South Bend, Ind.

Formulas askt for:
"Japanese Oil."
Swanson's "Five Drops."

Can anything be done for persitent cold hands and feet? C. W. HILLIARD, M.D.
Elba, Ala.

Editor MEDICAL WORLD:—If meats predispose to rheumatism, and sugar increases fat, what diet would you advise for a corpulent rheumatic patient? Male, aged 58 yrs.; leads an activ life. Has chronic articular rheumatism.
Strawn, Tex. PHIL R. SIMMONS.

[Give diuretics and alkalies, and follow the diet given below. Insist on ingestion of large quantities of water on rising and on retiring and before meals. Digestion may be deranged by drinking water with meals or soon after. Have you tried persistently the hot air treatment for the affected joints?

GENERAL RULES.

Diet liberal and varied as possible; moderation in animal foods. Avoid sugars and fermented liquors; take moderately and carefully the starches and fats; strumous lithemic patients require a larger proportion of fats.

May take:

Soups.—Clear soups, vegetable soups, clam and oyster broths.

Fish.—Fresh fish, raw oysters.

Meats (to be taken once a day only, white kinds mostly).—Mutton, chicken, ham, bacon, underdone roasts, sweetbread, pigeon, brains, pig's feet, venison, lamb chops, game.

Eggs (in moderation).—Whites of eggs, raw, stirred in drinks.

Farinaceous (small quantities).—Toast, stale bread, bread from whole wheat, rye bread, milk, toast, rice, zwieback, graham gems, graham flakes, rye gems, soup sticks, crackers, hominy, cream of wheat, macaroni, shredded wheat biscuit, granose.

Vegetables (fresh green varieties).—Celery, lettuce, watercress, cucumbers, onions, cabbage, salads, a little bakt potato, young peas, string beans, spinach.

Dessert.—Oranges, lemons, cranberries, tart apples, apricots, peaches, cherries, jellies, blanc mange, honey, ices (not after meals), stewed or roasted fruit (prepared with but little sugar).

Beverages.—Water plentifully, plain soda, milk, buttermilk, zoolak, weak tea or coffee (no sugar), toast-water, lime juice, lemonade. Mineral Waters.—Saratoga, Vichy, Berkeley, Hot Springs, Va., Lithia waters, Crab Orchard, Bethesda, Carlsbad, Friedrichshall, Puellna, Villacabras, Marienbad.

Stimulants (to be given in exceptional cases only).—Moselle, light Hock, Bordeaux in small quantities and diluted, whisky.

Must avoid:

Rich soups, hard-boiled eggs, fried and made dishes, entrees, pickles, spices, veal, turkey, duck, goose, salmon, lobster, crab, preserved dried and salt meats, salt fish, pickled pork, asparagus, peas, beans, beets, parsnips, turnips, vinegar, tomatoes, mushrooms, truffles, dried fruits, preserves, pies, pastry, rich puddings, patties, new bread, cheese, sweets, omelettes, grapes, pears, plums, strawberries, rhubarb, cider, sweet wines, and malt liquors.—ED.]

Editor MEDICAL WORLD:—Being now a subscriber to THE WORLD, I come to you for some advice in relation to my wife. She was a rollicking country girl, eighteen years old, when we married, and is now forty-five. Has borne six children, the youngest aged fourteen. Her menstrual periods have been normal, tho few, up to about one year ago. At about that time the flow became excessiv and continued incessant for about three months. We had the advice of two good physicians, and the discharge finally measurably ceast until about the first of last August, when it began again, and continued until about the first of November, when it ceast for about one week, then returned and has continued incessant ever since. Her general health is very good; has excellent appetite and digestion; no bowel nor bladder trouble and no pain except slight back-ache, and occasional slight sciatica.

The consultants say she has no malignant trouble. I have not made a digital examination for some time. We have tried nearly everything, including aletris cordial, aletris comp., liquor sedans, Buckley's tonic, belladonna, atropia, mineral and vegetable astringents locally and generally; hot water locally, helonia tablets, etc. My main reliance has been rest in bed; but all seems to do little good. What shall I do next? I fear this long continued drain will prove disastrous. She has been a hustling house-wife and believed she could nurse her babies better than anybody else; but she is becoming discouraged and is losing weight and strength. The flow is free and forms clots. She is free from that peculiar complexion characteristic of malignancy.

Walnut Shade, Macon County, Tenn. McH. JENKINS, M.D.

[Menorrhagia is common at her time of

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life, but should be controled. She is evidently in the menopause, but if she has not been thoroly cureted, we could not guess how your consultants could assure you that she had no malignant trouble. She may have a small fibroid which would be an ample cause for the hemorrhage. She may have an endometritis, which cureting would benefit. Her trouble may be solely due to the menopause. You have treated her well. We suggest perhaps your technic in use of hot water was faulty. See our editorial on same in this issue. Have you tried the following formula? It is generally efficient if the hemorrhages seem idiopathic, and often valuable in malignant hemorrhages:

℞

Acid gallic .....3 grains.
Ergotin (Bonjean).....1 grain.
Hydrastin.....½ grain.

Make pill, and direct two every two hours till four doses are taken; then one every two or three hours as required.

Heroic doses of the less irritating bromids often do good. Supplement the rest in bed by raising the foot of the bed four to six inches. Have you tried plugging the vagina tightly with wool or cotton for forty-eight hours? This will check any but malignant hemorrhage, if properly done. It must be done in the "knee chest" position, and slowly and with small pledgets. The cul-de-sac of Douglass is first filled, then the os uteri surrounded, then the vagina tightly filled. It may require half a pound of cotton to do it properly. Be sure that you have your speculum properly placed, and have unobstructed light. A head mirror and office lamp are best, as daylight is often insufficient and treacherous. Try our prescription and proper hot douching for a week; if this fails, tampon according to directions; and if then unsuccessful, you must curet thoroly and maybe repeatedly. We give you much space because we love and pity every doctor's wife; but you need not get jealous, for we are not intending to visit Tennessee. Will hope to hear from you concerning the success of our treatment.—ED.]

From A New Brother.

The closing year has been my first with THE MEDICAL WORLD, and altho I am a homeopathic practitioner, it gives me pleasure to say it has been a most enjoyable year so far as THE WORLD is concerned. It is true, the Editor and some of his contributors give me and my confreres a rap once in a while, but I am used to that sort of thing, and as I am thoroly in accord with its ideas on orthography and economics, I can stand it—at least for another year.

Those desirous of ascertaining something about homeopathy can obtain the rudiments as well as much other valuable informmation for physicians of any school in "Halsey's Homeopathic Guide" (price $1.00), publisht by George E. Halsey, 88 State street, Chicago, Ill. Another good book is "Gatchell's Keynote of Medical Practise" (price $2), for sale by W. F. Keener, Chicago, Ill.; but it is for those who are well grounded in homeopathy, altho any physician will get more than his money's worth in the valuable general information it contains.

I have found the "North American Journal of Homeopathy" (New York City), and the "Pacific Coast Journal of Homeopathy" (San Francisco, Cal.), good magazines.

R. N. HUTCHISON, M.D.

Santa Paula, Cal.

Editor MEDICAL WORLD:—I want information and suggestions on a case of debility following grip contracted one year ago. Woman of 35, with three children, youngest 12 years of age; she has suffered for years from dyspnea, which is aggravated by damp weather. Trouble began with chills, aching, and harsh cough, which continued 10 days. She now has dyspnea which is increast in the prone position, and a sense of constriction, beginning at umbilicus and extending upward over entire chest. Pain thruout the body. Tongue, gingiva, and throat are hyperemic, or markt by white coated ulcers. She has a feeling of distention by abdomidal gas, and comes of a family subject to gastro-intestinal catarrh. Her menstrual periods are three or four weeks apart, and last five to seven days. She has subinvolution and prolapst uterus, and a slight vaginal discharge. She catches cold easily at molimen. She has fair appetite, but gains no strength. She has had soda-mint, strychnin, cactina pillets, etc., without relief. She was treated four years ago for uterin trouble, but without decrease of dyspnea. Her temperature rose to 101° F., a week after the first chill. What will we do for her?

Leeper, Pa. B. PHILLIPS.

[The first thing we will do for her will be to censure you. Why, my dear Doctor, the indications are plain; you must go to work. Do it properly, and don't forget to charge properly for it. Begin by thoro depletion of the congested uterus by vaginal tampons of glycerin in suppository or wool, used every night on retiring; precede by vaginal douche and repeat the next morning. When you get the uterus in reasonable condition, curet thoroly, and continue the depletion. Use some suitable pessary or support, and keep it clean by mild antiseptic washes from good

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syringe. Examin her heart for organic lesion. If malaria be possible, search for and treat it. Remember the uric acid diathesis, and examin the urin; and if you find it, push the salicylates and alkalies. Likely the condition of tongue, mouth, and throat are results of deranged digestion. Restrict the diet, and purge by salines. You can quiet the gas by chloroform water. She has dyspepsia and endometritis, and you ought to cure her in time, if you go to work along proper lines. You know, of course, that uterin trouble affects the mucous membranes of nose and throat. Treat the naso-pharynx and bronchial tubes locally until you get the uterin trouble cured. Write us again concerning the progress of the case. Be sure you exclude goiter and tuberculosis. Spend enuf time and energy on the case, and the patient and yourself will come thru satisfied.—ED.]

Editor MEDICAL WORLD:—THE WORLD pulls me out of tight places, and I can not do without it. Help me again. Male aged 45, cotton mill laborer, bad family history, been sick a year, tuberculosis in family; when first seen was prostrated from paroxysm of coughing, and in bloody sputum ejected I found 3 concretions. Was this fibroid phthisis? If unworthy space, bury it, as they did the patient.

Newry, S. C. W. F. ASHMORE.

[We do not know from what your patient died. The concretions in sputa were broncholiths, or "bronchial stones." They are caused by inhalation of dust, and are not great rarities about quarries and mines. Nothing eaten could have caused them. They may occur in any disease of the bronchial tubes. It is probable your patient died from hemorrhage due to tuberculosis, and that the expulsion of the broncholiths was but an ordinary incident of such a case. Write again when in a pinch; THE WORLD is always ready.—ED.]

Editor MEDICAL WORLD:—A., 50 years of age, appetite good, robust, fleshy, nervous; has pruritus of the most intractable kind. Half the inside of the vulva is excoriated in round spots the size of a silver five cent piece, and others very minute. She says little round hard bodies appear, then break down and become sore. The itching and suffering make her nearly insane sometimes, lying awake whole nights. Has had no venereal disease. Habits good. When first seen had papules, purple spots and scratch marks over the body; ordered baths, disinfection of clothes, applied vaselin, red ox. of mercury, and carbolic.

℞

Pot. iodid	
Fl. ex. conium	āā ʒ vj
Tr. burdoch	
Tr. yellow dock	āā ʒ ij
Syr. sarsapar. comp. q. s. a. d.	ʒ viij

Sig. Teaspoonful 3 times daily.

If kept up a little longer will cure external eruption. But the horrid itching of the inside of the vulva and the excoriations remain the same, altho various salves, lotions, etc., have been applied. The last prescription was phosphate of soda three times daily, and resinol ointment. If this fails, what more can be done? She is a great sufferer; life is a burden. She has used all the common remedies. Applied to all physicians near her before coming to me. N. B., Canada.

[Continue lotions or ointments, and disinfect vagina. You have there an irritating discharge from some cause. Your treatment was all right, particularly the phosphate of soda. Now search the urin for evidence of lithemic tendency, and if found, go after it with the salicylates and iodids. Deplete genital canal with boroglycerid tampons, and frequent and copious injections of water as hot as may be borne—five gallons none too much, every night, and taken in prone position; of course fountain syringe and assistant will be needed. Keep bowels free by salines. Your case is what we term "senile pruritus," and it is always intractable, but generally easily relieved by proper treatment. You may promise your patient a temporary cure, if directions are followed, but be cautious in your permanent prognosis. Do as we direct, and call us later if you wish. We always like to hear from our Canadian friends.—ED.]

Editor MEDICAL WORLD:—A little boy, aged four years; in good health now, but was sick the first eighteen months of his life—inanition, his mother says the Dr. told her. Her milk was poison to him and he had to be raised on the bottle. He was bathed a great deal in water to which soda was always added. Now he is an activ, healthy, strong little lad, but every autumn (first noticed in October) his skin becomes rough. On his legs and buttocks, are blackish, branny looking scales that will not come off, very rough to the touch. On his arms they are not quite so large, but more of them, and lighter in color. On his breast and back and sides there are no scales, but the skin is very rough, and presents the appearance of a small buffalo fish after the scales have been scraped off; very chafey to the touch. Never itches nor causes pain, and disappears with the coming of warm weather.

His head is markt by the presence of very

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large scales of a scabby appearance. They are easily removed; and if they are kept removed they become thinner and thinner, until finally the scalp bleeds as the very thin scales are removed.

I would like to know what it is and what to do to relieve this condition.

I want also to report a case of syphilis—an unmanageable case—and ask for advice from older and more experienced heads. The youug man is 28 years old, gives good family history, free from tuberculosis, etc. Became infected in February, 1901. Chancre disappeared about the first of March or a little later, but not later than the 15th. Eruption appeared on May 13th; it was typical and well markt; the diagnosis was confirmed by a specialist.

I put him on inunction every night, three turkish baths a week, bichlorid of mercury gr. 1-16 after meals three times a day. The eruption promptly disappeared. Continued the mercury to the point of full physiological effect. This carried him to the middle of July. I changed to the protoiodid of mercury gr. 1-6 after meals. This was kept up for six weeks. At this time I added potassium iodid, beginning with six grains and increasing to the point of toleration. This carried the case to October 1st. In August syphilids appeared on his face; I dropt the potassium iodid and increast the mercury and the syphilids disappeared, but would not remain away; they appear, disappear and reappear in spite of the treatment. He is now on a vegetable alterativ and the cyanid of mercury gr. 1-20. What is wrong with my treatment? What shall I do to better his condition? G. B. T.

Kansas City, Mo.

[Your boy patient has an eczema, probably of lithemic origin. See that scales are removed by sponging with glycerin. See that skin is kept clean. Where ordinary cleanliness is observed, water is poison to such cases; contra, many are wholly due to insufficient bathing. Investigate these conditions thoroly, and also the composition of the lad's clothing. Examin the urin. If you find uric acid, high colored, or containing excessiv amounts of phosphates, put him on diuretics and alkalies and laxativs—preferably the salines.

In your second case you have not gotten thoro saturation with mercury, and have begun your iodid too early. Give him a year of protoiodid of mercury in ½ or ¼ grain doses three times a day. Check the bowels, if necessary by fractional doses of opium given with the mercury. Guard the mouth by frequent cleansing with mild alkalin antiseptic wash. Get enuf mercury into him, and he will do well. We presume you have allowed the mercury to care for itself, and it will not do that in bad cases unless guarded and forced. If your vegetable alterativ is what we surmise, you might as well save your time and your patient's money; it is all right in the mildest cases, but useless in severe ones. Don't be afraid of mercury in such cases. Give it with generosity; but hold its evil effects in check, and both of you will be happy.—Ed.]

Editor Medical World:—In administering Velpeau's mixture in irritable bladder:—

Copaiba	2 oz
Mag. carb	1 oz
Pulv. cubebs	1 oz

Mix. Roll into chunks the size of a large ground nut. One at meals.

I find that a considerable quantity of white gravel passes. Is it possible that the magnesia combines with the excretions of the urin and *causes* the gravel? Or is there a stone in the kidneys, and the remedy dissolvs off piece of it?

J. A. Elliott, M. D.

Northumberland, Pa.

[The magnesia should not cause the gravel. The gravel in your case or cases is the result of the long continued action of the causes of concretions in the urinary passages, concerning which please read up thoroly in the books.—Ed.]

Editor Medical World:—Lena D., aged 22, slight, blond, unmarried; family history negativ. Had ordinary diseases of childhood. Was never considered very strong. Menstruated at fifteen; always been scanty and irregular.

I first saw her professionally two years ago, when she was suffering from lithemia; under treatment she recovered, and became stronger and more healthy than ever before.

About four months ago she came to my office presenting the external appearance of a woman six months pregnant. Examination showed her womb normal and her abdomen full of fluid. I directed her to stay in bed the next day and told her I would call and examin her.

Case history: Began to feel poorly two months ago; lost her appetite; bowels loose, with now and then traces of blood; loss of strength and shortness of breath; abdomen began to enlarge two or three weeks ago. Monthly sickness slight, two months ago; none since. Has had repeated attacks of nose-bleed. Suffers from gases in the bowels. Has had some pain over liver and left ovary.

Physical examination: Patient emaciated and anemic. Heart and lungs normal except heart rapid—130; temperature by mouth 102°. Ascites present, fluid reaching the level of umbilicus when patient sits up. Fluid moves freely as patient changes position. Slight tenderness over liver and left ovary. Liver and spleen normal in size or nearly so. No swelling of hands or feet at any time. No jaundice. No enlarged veins on abdomen.

Directed her to stay in bed, gave salines, diuretics and a tonic. Ascites increast, and I

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tapt her three times at intervals of about two weeks, withdrawing about three quarts of fluid each time. Analysis of fluid: Dark amber color; spr. grav. 1,012; alb. fifty per cent. by volume; no sugar. Ascites did not recur after third tapping. She now sits up the greater part of the time and walks about the house.

During this four months she has had a continuous fever—temperature 100° to 103° without any regular variation. Pulse has ranged from 110 to 140.

Present condition: Appetite fairly good; bowels regular; no blood in movements; no nose bleed in some weeks; no cough; suffers no pain except now and then over liver; has gained a little in weight, but is still far below normal; heart and lungs normal, except heart's action rapid—130; temperature by mouth 102 1-5°. Urin acid; s. g. 1,020; no albumin or sugar. Liver does not quite reach the costal margin, but seems to extend little higher than normal; slightly tender on deep pressure. Abdomen tympanitic; slight tenderness over left ovary. Monthly sickness has not reappeared. At present she is taking Gude's pepto-mangan and aromatic sulfuric acid.

Hempstead, N. Y. H. M. WARNER, M.D.

[Rather an obscure case, we should say, but we suggest that again you investigate each and every source of ascites. You say it is there. We know, from your letter, that you can find it if you hunt hard enuf. We hope you will not forget the "vicious circle" of the heart, liver, kidney and lung. All our cases have been benefited by the old reliable infusion of juniper berries and nitrate of potash, even after being consigned to the mortician by our esteemed consultants. Keep close watch on the digestion, liver, bowels, heart and kidneys, and use the infusion and report. We have a case now happy, sent home from a good hospital two years ago to prepare for burial, helpt by this mixture. It resembled yours. Try it and report. The continued high temperature suggests the possibility of tuberculosis somewhere. The addition of cod liver oil and the hypophosphites might be beneficial.—ED.]

Editor MEDICAL WORLD:—Miss B., age 14, brown hair and eyes, seems to be well developt for her age, but has never menstruated. Has had perfect health all her life till last June; since then has been under treatment of other physicians; received no benefit, only relief for a few days. Fell into my hands one month ago. She has cold rigors and some fever every day, but no fever till after 12 o'clock; generally sweats profusely at night. Constipated most of the time. Some lung trouble on her father's side, but has several brothers and sisters, all in perfect health. I have her on the hypophosphites, cresotol; aromat. sulf. acid and glycoheroin. She has markt clubbed nails on thumb and index finger. What must I do next?

Carbon, Tex. W. C. MONTGOMERY.

[First, make an accurate diagnosis. Have you ruled out malaria? What physcal signs of lung disease are present, if any? Has nature ever tried to establish the menstrual function? Are there any pelvic symptoms? Better stop all treatment until you make a diagnosis. After exhausting your best efforts in this direction (your report does not indicate *any* effort in this direction by yourself or previous attendants), if you are not able to establish a diagnosis that will lead to well defined and successful treatment, ask for counsel. No practitioner can practise medicin with any satisfaction to himself, nor with benefit to his patrons, until he becomes a careful and skillful diagnostician.—ED.]

Current Medical Thought.

Reminders in Tonsilitis.

Guaiac, internally and as a gargle. Quinin for tonic effect; and a thoro calomel purge as an antiphlogistic. Hydrogen peroxid in spray, as a local application. Grated cold raw potato poultices externally, renewed as soon as warm. Solution of potassium chlorate as gargle, if patient is able. Relief often follows extraction of blood by superficial scarring with the scalpel even tho no pointing occur. Better forbid solid food, even if patient can swallow and craves it. Cathartics and diuretics are indicated, and we generally have calomel and soda dissolved on the tongue to get its antiseptic local effect as well as its cholagog and systemic action. If "pointing" occur, lance with a guarded scalpel close to the uvula and parallel with the esophagus. Prognosis nearly always favorable, even in the severest cases. "Quinsy" must be coaxt much more than "treated," yet the patient must know that you are attentiv and alert.

Reminders in Bronchitis.

Apply oil of amber, diluted croton oil, or the crude petroleum as it comes from the well, to chest, and cover with flannel. Any of them are better counter irritants than mustard cataplasms or tincture of iodin.

Inhalations of turpentine, an ounce to the pint of water, kept simmering in the room night and day, and changed every

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three hours, will be found beneficial. May be kept fuming over a lamp by placing a couple of nails over chimney top and setting tin cup containing solution upon them. If light annoys patient, shield it by screen or paper.

Belladonna and the various balsams will check the excessiv secretion of the chronic forms.

For constant or excessiv cough, codein is one of the best of all remedies.

For offensiv expectoration in acute, chronic, or tubercular bronchitis, judiciously administered creosote from the beechwood is unexcelled.

The old fashioned dry cup over the sixth rib on both sides of the vertebral column, often acts like magic, when cough is insistent or a lament of soreness is made. This will often abort a pleurisy if applied early enuf.

Grindelia and oil of eucalyptus in the later stages are valuable and too much neglected remedies.

Ipecacuanha is the best remedy to promote secretion, and is the best of all emetics if suffocation threaten.

Iodid of potassium is valuable at any stage, and will clear the tubes when convalescence is delayed.

If respiration require stimulation, strychnin and alcohol in some form will be found sheet anchors.

Terebene is too little used; it is a valuable and cheap expectorant, antiseptic and antifermentiv, and the dose is only 4 to 20 minims.

Unless you have a skilled nurse, or apply the poultices yourself, it is seldom advisable to use them. Careless nurses will dampen the bed and underclothing of the patient, and do more harm than good. We only use them when we know they will be used right.

Reminders in Whooping-Cough.

Nitrite of amyl by inhalation during paroxysm—the "pearls." The coal tar products in small and frequently repeated doses. Tincture of belladonna till physiological effect is noted. Chloral by the mouth and chloroform by inhalation. Bromids in heroic doses; select those least irritating to stomach. Hyoscyamus. Spray the nares and fauces with peroxid of hydrogen. Monobromated camphor in full doses. Resorcin in two per cent. solution locally. Vaporize a tablespoonful of equal parts carbolic acid and oil of eucalyptus and eight parts of spirit turpentine in a half pint of water; keep it up continuously, but renew the solution when evaporated, or at least every three hours. In adults, weak solutions of cocain may be used by swab or spray in nose and throat. The room may be fumigated with a very little formaldehyd; it is irritating to the conjunctiva but harmless to the naso-pharyngeal and bronchial mucous membranes unless used to excess. Morphin by the mouth is often serviceable; codein is nearly as good, and less apt to nauseate. Aconite in small doses, and carefully guarded. Thymol is a good internal antiseptic. Ichthyol, internally, in peppermint water has been of service. The following prescriptions have been tested, and each is of service in the majority of cases:

℞

Bromoform.....
Tincture tolu ....of each 2 fluid drams.
Glycerin...enuf to make 4 fluid ounces.

Incorporate bromoform thoroly with glycerin and add the tolu.

Shake. and give one-half to two teaspoonfuls four times each day.

℞

Ammonium bromid ..... 2 drams.
Fluid extract chestnut leaves 1 fluid ounce.
Tincture belladonna.....30 minims.
Syrup tolu ..... 2 fluid ounces.
Simple syrup, enuf to make 4 fluid ounces.

Mix.—And direct teaspoonful every two or three hours.

℞

Acetanelid ..... 1 dram.
Tincture belladonna ..... 4 fluid drams.
Brandy..... 4 fluid drams.
Water ..... 3 fluid ounces.

Mix.—And direct one half to one teaspoonful every four hours to children of two to four years.

℞

Carbolic acid ..... 3 grains.
Bromid of sodium ..... 1 dram.
Tincture belladonna ..... ½ dram.
Glycerin ..... 3 fluid drams.
Water, enuf to make ..... 2 fluid ounces.

Mix.—And direct teaspoonful every two to four hours for children three to four years of age.

℞

Thymol ..... 20 grains.
Carbolic acid.....
Oil of sassafras .....
Oil of eucalyptus .....
Tar .....
Oil of turpentine, of each .. 2 fluid drams.
Ether ..... 4 fluid drams.
Alcohol, enuf to make..... 3 fluid ounces.

Put one-half teaspoonful on a pad of absorbent

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cotton and hang to a ribbon around the child's neck. Renew application of liquid every three or four hours.

Differential Diagnosis.

	Scarlet Fever.	Measles.	Diphtheria.
Onset.	Sudden, with vomiting.	Gradual, with coryza and photophobia.	Gradual.
Temperature.	High (103° to 106°).	High, but it drops on the appearance of rash.	Low.
Cervical glands.	Involved usually.	Not involved.	Involved.
Appearance of throat.	Fauces congested and rash first found in throat.	Throat not often involved.	Membrane has a dusky red color early.
False membrane.	If present, resembles follicular tonsillitis.	None.	Characteristic.
Bacteriology.	Generally find some streptococci.	Yet negativ.	Klebs-Loeffler bacilli.
Pulse.	Wiry, rapid.	Full, and bounding.	Rapid, weak.
Urin.	Often albumin.	None.	Albumin.
Rash.	Brilliant scarlet, first appearing on the head and neck, and seen within 36 hours after onset.	Dark or livid, appears on the fourth day.	None typical.
Desquamation.	Markt, beginning furfuraceous, and then becomes lamellar and persists for weeks.	Slight, furfuraceous, short duration.	None.

Abortion—Differential Diagnosis.

Threatened Abortion	Inevitable Abortion.	Incomplete Abortion.	Complete Abortion.
Hemorrhage, usually slight and free from clots.	Hemorrhage, profuse and continuous, clotted and dark colored.	Hemorrhage, persistent, at times profuse at others scanty; dark colored and oeffnsiv.	Entire cessation of hemorrhage.
Pain not markt.	Pain cramp-like and severe.	Occasional attacks of pain may be present.	Entire cessation of pain.
Os slightly patulous.	Cervical canal dilated.	Cervical canal dilated enuf to admit finger, which feels parts of decidua, membranes or blood clot.	Os retracted.
Uterus soft and enlarged, showing angle of anteflexion between upper and lower segment.	Uterus soft and enlarged; angle between upper and lower uterin segment effaced.	Uterus soft, large and baggy; not involuting.	Uterus large, but retracted and firm. Involution proceeding naturally.
Discharge is bright colored blood.	Discharge is dark blood, clots, and portions of ovum	Examination of discharged material shows only fragmentary parts of ovum.	Discharge is ordinary lochia, which gradually ceases.
All signs of pregnancy present except amenorrhea.	All signs of pregnancy present except amenorrhea.	Signs of pregnancy arrested.	Subsidence of signs of pregnancy and possible establishment of milk secretion.

Importance of Vaccination.

A little knowledge of the history of vaccination would extinguish the rabidity of all but the wildest antivaccinationist. Will not some one write such a history designed for popular use and scatter it broadcast over the world? Every year intelligent legislators and governors have to fight the shameless attempts of the faddists to enact laws for breeding small pox and killing the innocent by it. Yet a half hour's reading of the history of smallpox and its ravages before the time of Jenner should convince any but those of unsound mind that by vaccination the world has been freed from its greatest curse. In 1707, for instance, thirty six per cent. of the inhabitants died of small pox. In London, from 1660 to 1679, it killed 4,170 per million, and remained at about this figure for over 100 years. Similar figures or estimates are made for the whole world. Servants and working people could not get employment if they had not had the disease. How is it with us now? In Prussia where vaccination and revaccination has been compulsory since 1874 the mortality has been reduced to 7 per million and in the army where the law is absolutely carried out there has been no small pox mortality at all for many years. The only answer the cranks have to such facts is that the disease is a filth-disease and that its cessation is due to sanitation, etc. Of course we know that all the filth in the world could not generate the disease without the specific poison. How the argument of sanitation and isolation worked in Gloucester, England, in 1895 6 is well known to all. In a largely unvaccinated town of 42,000, there were 1,979 cases and 434 deaths. If the antis could only be allowed their will on themselves without endangering the rest of the world the logic of fact would soon be most convincing.—*American Medicine.*

Virginia Examination Questions.

The following are the questions adopted for examination of the applicants for license to practise medicin, etc., in Virginia:

SECTION OF PRACTISE OF MEDICIN.

Dr. E. T. Brady, Abingdon, Va., Chairman and Regular Examiner.

Dr. E. C. Williams, Hot Springs, Va., Homeopathic Examiner.

Ques. 1. Define the terms oedema, ascites and anasarca. Upon what do they depend? In what diseases are they usually found?

Ques. 2. What is chorea? Give varieties, symptoms and treatment.

Ques. 3. Define stomatitis, giving varieties and treatment.

Ques. 4. Define and give symptoms and treatment of chlorosis.

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Ques. 5 Give usual causes of and treatment for (*a*) Cardiac palpitation. (*b*) Angina pectoris.

Ques. 6. Give diagnosis and treatment of acute gastric catarrh.

Ques. 7. Give etiology and symptoms of interstitial hepatitis.

Answer any six of above, and *only* six. Write and sign pledge by number.

SECTION ON MATERIA MEDICA AND THERAPEUTICS.

Dr. J. E. Warriner, Brook Hill, Va., Chairman of Section and Examiner on Therapeutics.

Dr. W. B. Robinson, Tappahannock, Examiner on Materia Medica.

Materia Medica.

Ques. 1. (*a*) What is the result of the action of strychnia upon the motor nerve cells of the spinal cord, the cardiac motor ganglia, the respiratory and vaso motor centers in the medulla and the sensory nerves and their terminal elements? (*b*) By what routes may medicins be introduced into the circulation? (*c*) Give three (3) drugs used as emmenagogs.

Ques. 2. (*a*) Give the physiological action of opium in medium and in toxic doses. (*b*) Give three (3) drugs that are motor depressants. (*c*) Three that are cerebral excitants.

Ques. 3. (*a*) Give the dose of the following medicins: Tinctura aconiti, tinctura ferri chloridi, tinctura digitalis, extractum ergotae fluidum, tinctura opii, liquor potassii arsenitis, atropinae sulfas, hydrargyri chloridum corrosivum, tinctura cinchonae. (*b*) Give three (3) drugs that are diuretics. (*c*) Three (3) that are renal depressants.

Ques. 4. (*a*) give the differences in physiological action between potassium bromid, sodium bromid, ammonium bromid, lithium bromid, calcium bromid, zinc bromid. (*b*) Give three (3) drugs that are aphrodisiacs. (*c*) Three (3) that are anaphrodisiacs.

Ques. 5. (*a*) Compare the physiological action of strophanthus, digitalis and aconite. (*b*) Give the incompatibles with iodin and the iodids; with the mercurial salts and with strychnin. (*c*) Give the physiological action of carbolic acid in toxic doses.

Answer only four of these questions.

Therapeutics.

Dr. J. E. Warriner, Brook Hill, Va., Examiner.

Ques. 1. (*a*) Why are antagonistic remedies sometimes combined? Give examples. (*b*) Give rule for the computation of doses for children. (*c*) What are inunctions, and when are they indicated? Name portions of the body best adapted to their use. (*d*) What circumstances influence the duration of action and effect of drugs?

Ques. 2. (*a*) Give therapeutic use of digitalis. (*b*) What drugs may be combined with it when arterial tension is too high? (*c*) What are the objections to the long continued use of digitalis? (*d*) What substitutes are free from these objections?

Ques. 3. (*a*) Give methods and name drugs for producing diaphoresis. (*b*) Write two prescriptions having in combination the best cholagogs. (*c*) Name three most important bromids, doses and therapy. (*a*) Classify, give dose and therapy of methylene blue. State effect on the urin.

Ques. 4. (*a*) Give mode and interval of administration and dose of diphtheritic antitoxin. (*b*) For what diseases is the antistreptococcic serum used? (*c*) Give the general principles governing the treatment of poisoning? (*d*) What are chemical antidotes? What is the one necessary condition to their efficiency?

Ques. 5. (*a*) Give the strength of the following solutions: Nitrate of silver for ophthalmia neonatorum; cocain hydrochlorate for local anaesthesia; sulfate of zinc for conjunctivitis; bichlorid of mercury for an uterin douche. (*b*) What substances are most used for vesication? (*c*) What drugs best relieve haematuria? (*d*) Give treatment of opium poisoning.

Answer only four blocks. Write pledge and sign only with your number.

SECTION ON CHEMISTRY.

Dr. O. C. Wright, Jarratts, Va., Examiner.

Ques. 1. (*a*) State the names and general physical and chemical properties of the four halogens. (*b*) How is chlorin found in nature, and why does it not occur in a free state? (*c*) State the general principle for liberating chlorin from HCl and explain the action of the latter on manganese dioxid.

Ques. 2. (*a*) How is arsenic obtained in the metallic state? What are its physical and chemical properties? (*b*) What is white arsenic? State its composition. (*c*) Which three solutions containing arsenic are official, and what is their composition?

Ques. 3. (*a*) What is analytical chemistry? (*b*) What is the object of qualitativ and quantitativ analysis? (*c*) By what tests may organic compounds be distinguished from inorganic compounds?

Ques. 4. (*a*) What is sweet spirits nitre and how is it made? (*b*) What is the solubility of fats in water, alcohol and ether? (*c*) Explain the composition and manufacture of soap, and state the difference between hard and soft soap.

Ques. 5. What clinical indications are afforded by the following conditions of the urin? (*a*) The quantity increast and sp gr. lowered. (*b*) The quantity increast and sp. gr. normal. (*c*) Increast quantity and increast sp. gr.

Ques. 6 (*a*) In what diseases do we find the urin of a low sp. gr. and the quantity normal and subnormal? (*b*) Quantity diminisht and sp. gr. increast? (*c*) Sp. gr. high and quantity normal.

Ques. 7. (*a*) What is the difference between fatty and aromatic compounds, and from which two hydrocarbons are they derived? (*b*) Give tests for tannin, state the source from which it is derived, and for what it is used. (*c*) From what is carbolic acid made? Give a reliable test for carbolic acid.

Ques. 8. (*a*) What physical actions have a tendency to decompose compound substances? (*b*) What is the difference between analytical and synthetical methods? (*c*) Explain the terms reaction and reagent.

Answer only six of the above blocks. Pledge.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Drs. H. M. Nash, Norfolk, and Wm. M. Robinson, Danville, Regular Examiners.

Dr. M. R. Allen, Norfolk, Homeopathic Examiner.

Obstetrics.

Ques. 1. Diagnosis of the fetal presentation and position by both the external and internal methods.

Ques. 2. Enumerate some of the most frequent causes of dystocia, and differentiate uterin inertia and obstructed labor.

Ques. 3. Granted an early diagnosis of an occipito-posterior position, what steps should be taken to overcome the difficulty, both before the rupture of the membranes and after the head is engaged in the pelvis?

Ques. 4. What are the indications for the induction of premature labor, and give the methods?

Ques. 5. Name the principal infecting agents; the different forms of infection produced by them; the prophylaxis and most approved treatment of puerperal infection.

Gynecology.

Ques. 1. What do the following terms signify: Parametritis, perimetritis, metritis, endometritis, and what tissues are involved in each?

Ques. 2. What are the chief causes of pelvic abscess, its preventiv treatment, and that after the abscess is developt?

Ques. 3. Differentiate adherent and nonadherent retrodeviation of the uterus; what conditions or symptoms would indicate intervention, and what the remedy for each?

Ques. 4. Give causes, symptoms and physical diagnosis of rectocele, and describe the operations for relief.

Ques. 5. Differentiate pregnancy from fibroid tumor of the womb.

SECTION ON SURGERY.

Dr. Samuel Lile, Lynchburg, Va., Examiner.

Ques. 1. (*a*) Give local and constitutional treatment of inflammation. (*b*) Give processes of repair in wounds. (*c*) Describe traumatic fevers. (*d*) Give treatment for frozen tissue.

Ques. 2. (*a*) Give causes, symptoms and treatment of pyemia. (*b*) Give general treatment of wounds. (*c*) Give diagnosis and treatment of fracture of the olecranon process.

Ques. 3. (*a*) Diagnose and treat fracture in lower third of femur. (*b*) give early diagnosis, treatment and prognosis of morbus coxarius.

Ques. 4. (*a*) Give pathology of recent dislocations and of sprains. (*b*) Describe tracheotomy, and tell when indicated. (*c*) Give diagnosis of abscess of liver and of gall stones.

Ques. 5. (*a*) Define hernia, and give conditions preventing reduction. (*b*) Give coverings of an oblique inguinal hernia. (*c*) What is hydrocele, and how treated?

Ques. 6 (*a*) Mention chief dangers common to all surgical operations. (*b*) Describe operation for ligating femoral artery above Hunter's canal.

Pledge.

SECTION ON HYGIENE AND MEDICAL JURISPRUDENCE.

Dr. A. S. Priddy, Marion, Va., Examiner.

Hygiene.

Ques. 1. (*a*) What is the maximum amount of CO_2 in atmosphere air, which may be compatible with health? and (*b*) Define ventilation. What is meant by "initial air space," and of what capacity should it be for one person?

Ques. 2. Water fit for drinking and domestic purposes should possess what essential qualities?

Ques. 3 Name and give examples of not less than five causes from which articles of food may become poisonous.

Ques. 4. In what ways may milk cause disease, and how may such results be prevented?

Ques. 5. How should a body dead from such contagious

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diseases as typhoid fever, diphtheria and erysipleas be prepared for transportation when not embalmed?

Medical Jurisprudence,

Ques. 1. (a) Define idiocy. (b) Define insanity. (c) Define paranoia.

Ques. 2 (a) What is a poison? (b) How are poisons classified? (c) Give an example of each class.

Ques. 3. (a) For what salt is oxalic acid frequently mistaken? (b) Give tests for oxalic acid. (c) What are the symptoms and *post-mortem* appearances of poisoning by oxalic acid?

Ques. 4. What *post-mortem* conditions found in a body would assist in determining whether death was due to drowning or to other causes before being placed in water?

Ques. 5. Give the differential symptoms between strychnia poisoning, hysterical tetanus and traumatic tetanus.

SECTION ON PHYSIOLOGY.

Dr. Robert C. Randolph, Boyce, Va., Examiner.

Ques. 1. (a) Trace complete circuit of blood, beginning at right heart, and mention changes it undergoes in its course. (b) What are the three most important intrinsic cardiac ganglia? (c) What Physical facts are necessary for the maintenance of arterial blood pressure?

Ques. 2. (a) Name the four elementary tissues. (b) How many chemical elements enter into the composition of the human body? (c) Name the three most important organic substances found in the body.

Ques. 3. (a) Name the varieties of epithelium and locate the different varieties in the alimentary canal. (b) In what parts of the body is non-striated muscle tissue found? (c) What are the fluid tissues of the body, and give brief description of each.

Ques. 4. (a) What part does ptyalin play in digestion, and where is it found? (b) Where is steapsin found, and what is its action? (c) Describe stomach digestion.

Ques. 5. (a) Give number of spinal nerves and function of Ant. and Post. roots. (b) What is the difference in distribution of gray and white matter in the brain and in the spinal cord? (c) Describe arrangement of gray and white matter in a section of spinal cord.

Ques. 6. (a) Locate cortical center for first cranial nerve. (b) Name the divisions of the fifth cranial, which are sensory and which are motor or mixed. (c) What is the function of the twelfth cranial nerve?

SECTION ON ANATOMY.

Dr. C. W. Rodgers, Taunton, Va., Examiner.

Ques. 1. Describe (a) the lower extremity of the femur. (b) Name in order the bones of the foot, commencing with the os calcis.

Ques. 2. Describe the hip-joint (class, variety, ligaments, movements). What muscles strengthen it?

Ques. 3. Give the origin, insertion and action of the following muscles: Biceps, flexor brachialis, anticus pectoralis major, sartorius.

Ques. 4. Give superficial (apparent) origin of the twelve pairs of cranial nerves.

Ques. 5. Describe the brachial artery, giving relations to cords and muscles.

Ques. 6. Mention the branches of the popliteal artery, and give its relation to popliteal vein and internal popliteal nerve.

Ques. 7. Describe (a) thececum. (b) The ascending colon, and mention its relation to the liver.

SECTION ON HISTOLOGY, PATHOLOGY AND BACTERIOLOGY.

Dr. R. M. Slaughter, Theological Seminary, Va., Examiner.

Answer questions 1 and 2, and any four of the remaing six.

Ques. 1. (a) Define the term parenchyma and state the tissue composing respectivly the parenchyma of the liver and the heart. (b) Name the tissue composing respectivly the splenic traberculse and Malpighian bodies. (c) Name the variety of epithelium of the cervix, cervical canal, endometrium and Fallopian tubes. (d) What are Perkinje's cells, and where are they found?

Ques. 2. (a) Name the important spore-forming pathogenic bacteria. (b) What is the morphological characteristic of motile bacteria? (c) Describe (give morphology and pathogenicity of) the b. coli communis.

Ques. 3. Describe amyloid degeneration, giving seat organs commonly affected, and causes.

Ques. 4. (a) Describe the character of exudate in catarrhal pneumonia. (b) State how resolution takes place. (c) Name the diseases to which catarrhal pneumonia is most commonly secondary, and (d) The micro-organisms that may cause it.

Ques. 5. Define (a) pyemia, (b) septicemia, (c) sapremia, and (d) how they differ from each other.

Ques. 6. In case of woman who, some days after childbirth, is suddenly taken with dyspnea and cardiac syncope and quickly dies, define and explain the cause of death.

Ques. 7. Describe the gross and microscopical appearance of an epithelioma of the skin.

Ques. 8. What is trichiniasis or trichinosis? Describe mode of infection and characteristic changes in the voluntary muscles and blood.

Some of the Questions Submitted by the Medical Examining Board of Pennsylvania and Answers Thereto. June, 1901 Examination.

OBSTETRICS.

1. Name and give dimensions of the four principal diameters of the fetal head.
2. Give the diagnostic points of R. O. A. determined by abdominal and vaginal examination, and describe the normal mechanism of labor for this position.
3. What are the causes and dangers of ante partum hemorrage?
4. Describe in detail delivery by the breech, with especial reference to the after coming head.
5. Give indications and contraindications for the use o the forceps.
6. Diagnosticate prolapse of the funis and describe the treatment.
7. Describe the management and treatment of puerperal eclampsia.
8. Define post-partum hemorrhage, its causes and treatment.
9. Describe methods of resuscitation in the apparently still born.
10. Describe the symptoms and treatment of unavoidable abortion.

The following answers were given to these ten questions:

1. I could guess at most of these dimensions. But will not.
2. Rotation and God Almighty assisted by science as represented by the attending physician.
3. Death—Premature labor or abortion.
4. I would perform a complete version and deliver child—Therefore labor would follow the material course.
5. When labor has advanced to such a point that in the judgment of the attending "obstrititian" the child cannot be delivered. In a normal presentation.
6. Support. Digital, vaginal examination. Visual examination.—History operativ.
7. Cleanliness in the full sense of the term, administration of local anesthetics.
8. Define post-partum hemorrhage, its causes and treatment—Child birth, Ergot and a local astringent.
9. Artificial respiration.
10. Malformation in the full meaning of the term—Delivery by artificial means with a most strict adherence to the laws of asepsis.—Pennsylvania Medical Journal.

Wisconsin State Examination.

The State Board of Medical Examiners held its last quarterly examinations at Oshkosh, beginning October 8, and examined twenty-two applicants for certificates to practise. The next examination will be held at the Hotel Pfister, Milwaukee, January 14.

The following questions were given the applicants for license. F. A. Forsbeck, M. D., examiner.

HISTOLOGY.

1. Mention chief histological character of a cell.
2. Give histological components of blood.
3. Give the minute Anatomy of an Artery.
4. Describe the Graafian follicle.
5. Differentiate between voluntary and involuntary muscular fibres.
6. What changes take place in the clotting of blood?
7. Give the histological structures of the thyroid gland.
8. Describe the structure of bone.
9. Mention the functions of epithelial cells.
10. Give a brief description of the structures of the kidneys.

BACTERIOLOGY.

1. Give a general classification of bacteria.
2. What bacteria are found in:
   (a) Malaria, (b) Typhoid Fever, (c) Diphtheria, (d) Cholera, (e) Gonorrhea?
3. Mention some culture media, and how is a pure culture made.
4. What are the toxins, antitoxins and ptomaines?
5. What are aerobic and anaerobic bacteria?
6. How are bacteria discovered in tubercular sputum?
7. What are the principal germicides?
8. Differentiate between asepsis, antisepsis, disinfection and deodorization.
9. How do bacteria multiply?
10. Differentiate between contagion and infection, and the means employed to prevent either.

MATERIA MEDICA.

1. Describe the throat symptoms of belladonna.
2. Differentiate Bryonia and Rhus tox., as to their indications in rheumatism.
3. Mention chief remedies for bronchial hemorrhage, with indications.

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4. Give characteristic symptoms of mercurius sol., in bowel trouble.
5. Describe a case of pneumonia in which you would prescribe phosphorus.
6. Differentiate belladonna and gelsemium in nervous headache.
7. Give characteristic symptoms of cantharis in acute cystitis.
8. Differentiate ipecac and tartar emetic in bronchitis.
9. Give indications for cactus in cardiac difficulty.
10. Differentiate the remedies ordinarily indicated in typhoid fever.—The Med. Magazine.

Some Valuable Therapeutic Hints on Therapeutics of the Nose and Throat, From Coakley (Lee Bros.)

Astringents and antiseptics are indicated in acute inflammation of the fauces, tonsils, and pharynx. The following are good:

Tincture chlorid of iron.....3 minims
Corrosiv chlorid of mercury ..1-100 gr.
Tincture of aconite.....½ minim
Sugar.....enuf for one dose

Mix, and make tablets or pills.

Direct that one be dissolved in the mouth each hour for four hours, and afterward only one every three hours. This is better than the old iron and chlorate of potassium gargle so frequently prescribed.

Under the same conditions, one may order the following in pill or tablet, with certainty of satisfaction:

Corrosiv chlorid of mercury...1-100 gr.
Tincture of belladonna.....1 minim
Powdered ipecac.....1 10 gr.
Sugar..... .....enuf for one dose

Mix, and make tablet or pill, and direct one every hour till six are taken; and then only one every three hours.

In the mild acute pharyngitis so common at this season of the year, where a slight astringent effect is desirable, no better remedy is found than the old reliable red gum lozenges, frequently dissolved in the mouth.

In lacunar tonsillitis, or in any tonsillitis of rheumatic origin, guaiac is a splendid remedy; but many patients are severely nauseated by taking it in any form; nevertheless it is a specific in this class of cases. If indicated, it is best given as follows: (It is seldom out of place to give Fowler's solution, or other anti-nausea preparation alternately.)

Resin guaiac.....1⅓ gr.
Chlorid of ammonia.....1⅓ gr.
Extract licorice root ..... ½ gr.

Mix, make tablet or pill, and use as required, by dissolving in the mouth.

In the chronic inflammations of the mucous membrane of the pharynx so commonly observed, especially in old people, where a sensation of "rawness" or "tickling" is noted on inspiration, a sedativ is indicated. Sedativs are only to be used for purpose of temporary relief from the constant distress; since continual coughing will aggravate the trouble, permanent relief or cure may only be found in persistent local treatment. Until one may get control of the local conditions, the following formula will keep the patient satisfied and comfortable:

Terpin hydrate..... 2 grs.
Chlorid of ammonio..... 1 gr.
Extract licorice root..... ½ gr.
Powdered ipecac.....1-10 gr.
Codein.....1-10 gr.

Mix, and make pill. Direct one dissolved in the mouth every hour till tickling or coughing cease,

There is a wealth of seasonable information given above. We would like to quote the entire book, but any one who properly diagnoses his cases will be satisfied when he tries these combinations.

Ringworm of the Scalp.

In the Journal of the American Medical Association for Nov. 23, 1901, is given an article by Henry W. Stelwagon, M.D., of Philadelphia, on the treatment of "Ringworm of the Scalp in Institutions," which has decided interest to all practitioners. We do not understand why he has selected such a title, as all know that the germ is the same in hospital or in private practise. He attempts to justify the classification by the assertion that hospital cases are less properly nourisht and more constitutionly tainted. His prescriptions are so good, and his suggestions so excellent that we forgiv and quote:—For prophylactic measures, wash the scalp every other day with

Precipitated sulfur.....1 dram
Naphthol..... .....½ dram
Green Soap, U. S. P.....8 drams

Mix. Lather thoroly and allow to remain for ten minutes, rinse off, rub dry, and apply

Carbolic acid.....2 drams
Resorcin.....1 dram
Saturated solution boric acid...1 pint

Depilation is impracticable in the very young, but the following depilatory powder may be used.

Sulfid of barium.....3 drams
Oxid of zinc.....
Powdered starch, of each.....2½ drams

Mix, and add enuf water to make a paste,

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which is spread ⅛ inch thick over the affected areas and for a short distance outside; allow to remain for from 3 to 15 minutes, or till a burning sensation is felt, then wash off thoroly; it may be repeated every 5 or 10 days.

The application for activ cases of infection is as follows:

Red mercuric iodid.....grains j to iij
Tincture of iodin.....ounce j

Mix and apply twice daily till the cuticle becomes tender, and then apply any emolument ointment and repeat in a day or so, after the dead cuticle is removed.

Repeat the process till cure is effected, and even then keep patient under close observation for several weeks, as spores undestroyed may redevelop the disease and destroy the advantage already gained. Another promptly curativ application is made by the chloroform solution of chrysarobin, as follows:

Chloroform..... i ounce
Chrysarobin, enuf to saturate....

Paint the patches till coated with a film of chrysarobin, and follow with several coats of an equal mixture of plain and flexible collodion. In four or five days the film will crack and loosen; then repeat the application after removal of the old detritus.

Warnings to Patients and their Friends.

Never forget to warn your patient that a Colles' fracture, even when treated with the greatest care, leaves some deformity.

Never forget to warn a case of fracture of the patella that the fragments tend to separate.

Always warn your patients that there may be loss of power of deltoid after dislocation of shoulder if much pain is experienced, i. e., the nerves have been prest upon.

Always warn the patients or their friends of the possibility of suspension of growth in injury to an epiphyseal cartilage.

Never forget to warn the parents of a hare lip that one operation is usually inadequate. — *Saunder's Pocket Medical Formulary.*

Erratum: In January WORLD, page 21, first column, last line, insert the word "conjestiv" before the word "chills."

I secure more information from THE WORLD than from any three other journals. Wm. H. Tucker, M.D., Glen Karn, Ohio.

"Inclosed find draft for $3.00 for four years' subscription. I prize THE MEDICAL WORLD very much; I get so much practical information from it."—Dr. Wm. Monlic, Percy, Ill.

Dr. J. P. Geffert, of Cincinnati, writes that the Christian Endeavor Society brings together those of different Christian sects into agreeable relations, to work intelligently and cooperativly (not antagonistically) as one body. He suggests that the Editor "and other worthy persons" organize a *Medical* Endeavor Society to fill a similar scope in the medical field. The Editor wishes to remind the Doctor that THE MEDICAL WORLD is just such a society. It meets (on paper) in your own office every month if you are a subscriber. The dues are very reasonable—only $1.00 per year, or four years for $3.00 in advance.

Recent Books.

New Century Song Book. By B. M. Lawrence, M. D., 1323 Wall St., Los Angeles, Cal. Price not given, but we guess it to be about 25 c. or 50 c.

This is the most unique thing in the way of a song book that we ever saw. The text and music of popular and National songs are given, and on the opposit page is given a reform poem that can be sung with the same air. It is a well markt out plan of combining reform and music. The book consists of 96 pages and stiff paper cover. Write to the Doctor for it. He will perhaps send it for 25 cents—certainly for 50 cents.

What a Young Wife Ought to Know.—$1,000 Prize Book, by Mrs. Emma F. A. Drake, M. D. 288 pp. Vir Publishing Co. 1131 Real Estate Trust Building, Philadelphia, Pa.

This is one of the "self and sex" series of books. This series fills a widely felt need. Many of the books of this series should be in the doctor's library for lending purposes. Sometimes the greatest service that a doctor can render is to lend such a book to the right person at the right time. It will then be eagerly read, and will do much good. This will save the doctor's time, and make an intelligent and tractable patient of the reader. The books are all healthful in sentiment and elevating in tone.

A Brief Manual of Prescription-Writing in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmacal Students. By M. L. Neff, A. M., M. D., Cedar Rapids, Ia. Pages v-152. Size, 8 x 5¾ inches. Extra Cloth, 75 cents, net, delivered. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

This book was evidently gotten up by a *teacher*. It will be valued not only for what it gives on prescription writing, but perhaps more for the simple, explicit and direct information which it gives concerning the use of Latin in prescriptions. A student or practitioner whose education in Latin has been neglected cannot do better than to get this book—if he wants an easy and safe bridge over his Latin deficiencies. It is the simplest and easiest, hence the best, "coach" in medical Latin that we have seen, besides being an excellent manual on prescription construction and writing.

Clinical Examination of the Urin and Urinary Diagnosis. A clinical guide for the use of practitioners and students of medicin and surgery. By J. Bergen, Ogden, M. D., Instructor in Chemistry, Harvard University Medical School; Assistant in Clinical Pathology, Boston City Hospital; Medical Chemist to the Carney Hospital. Illustrated Publisht by W. B. Saunders & Co., Philadelphia. Price, $3.00. net.

It is rarely that the reviewer is permitted

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such a treat as reviewing a work of this kind. The subject has been concisely treated by no small number of authors, but as a rule the works mentioned have taken up the subject from the half-hearted standpoint of chemical examination alone. This work is complete, in that after thoro consideration has been given to the chemical examination of the urin, the author logically completes his task by a scientific application of the knowledge gained, to the actual diagnosis of disease. It is the only work in our library which aims so thoroly at completeness; others refer to the diagnosis, but in such a way as to confuse rather than aid the practitioner. It contains 408 pages, with an index. All mechanical execution is up to the Saunders standard. There may be at times occasion for blaming the author for verbosity, but we must compliment him on permitting it to happen so seldom; he has given us almost an encylopedia where other authors have starved us out with primers. His publishers have been lavish of space in giving a full page to plates which may well have been placed in a very few inches. Two pages are given to the Diazo reaction, which a number of our readers have inquired about. We rejoice to see the "roasting" he gives the nitric acid test. This test ought to have been superseded long ago, or at least vastly improved upon. It has been recommended to students (amateurs in our art) from, we almost said, "time immemoriable" as the test. It is not invincible; minor errors may render its findings worse than useless. We have hoped long for something better. Authorities commend it much too highly. It is only in experienced hands that it is either reliable or facil. We are glad to see the truth told of it. We have found nothing reliable omitted from the book, which we commend highly for office and laboratory use.—A. L. R.

Typhoid and Typhus Fevers. By Dr. H. Curschmann, of Leipzig. Edited, with additions, by William Osler, M. D., Professor of the Principles and Practice of Medicin, Johns Hopkins University. Handsome octavo of 646 pages, illustrated, including a number of valuable temperature charts and two full-page colored plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

The original German edition of this volume is universally recognized as the standard authority on the subjects of which it treats. The American edition, however, even surpasses the German, for, besides containing all the material of the original, extensiv additions have been made to almost every chapter thus incorporating into the work the very latest views on the subjects under discussion.

The chapter on Bacteriology has been thoroly revised and much new material added, giving prominent consideration to the distribution of the typhoid bacilli, especially in the urin, the rose-spots, and the blood.

To the chapter on Pathology many minor additions have been made, incorporating the important work of Mallory. The literature on the localized lesions due to the bacillus has been carefully reviewed and made to conform to the most recent advances in that part of the subject. Thayer's exhaustiv study of the state of the blood has been utilized, and the Surgical Aspects of Typhoid Fever have been fully revised with the aid of Keen's monograph.

Much valuable material has been added to the chapter on Diagnosis by Bacteriologic Methods, particularly with reference to the recent work in blood-cultures and on the detection of bacilli in the urin.

The chapter on Perforation and Peritonitis has been practically rewritten, as has also the section on the Hepatic Complications of Typhoid.

A Text-Book of Pharmacology. Including Therapeutics, Materia Medica, Pharmacy, Prescription-Writing, Toxicology, etc. By Torald Sollmann, M. D., Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Royal octavo volume of 850 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.75 net.

This work aims to furnish, in a manner suited for both reference and study, a scientific discussion and definit conception of the action of drugs, as well as their derivation, composition, strength, and dose. The author bases the study of therapeutics on a systematic knowledge of the nature and properties of drugs, and thus brings out forcibly the intimate relation between pharmacology and practical medicin. Practitioners and students will find the work an admirable guide in that most important part of their equipment, namely, how to use drugs accurately and efficaciously. A special chapter has been devoted to toxicologic analysis, including both the inorganic and organic poisons. Pharmaceutic assaying has likewise been given due consideration. There is also a section on laboratory experimentation, which, besides rendering the greatest aid to the student in the laboratory, will serve as a basis for classroom demonstrations. The work is up to the latest knowledge on all the subjects on which it treats. The latest tests for the newer drugs, and many of the tables are valuable. It contains an immense fund of information, since much of the type used is fine so as to economize space.—A. L. R.

A Text-Book of the Practice of Medicin. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Practice of Medicin and of Clinical Medicin Medico-Chirurgical College, Philadelphia. Fifth edition, Thoroly Revised. One handsome octavo volume of 1297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.50 net.

The success of this work as a text-book and as a practical guide for physicians has been truly phenomenal. Five large editions have been called for in less than four years. The rapid exhaustion of each edition has made it possible to keep the book absolutely abreast of the times, so that Dr. Ander's book has become justly celebrated as a thoroly up-to-date work on the practise of medicin.

In this edition the most thoro and extensiv changes have been made in connection with the large group of Infectious Diseases. No pains have been spared to present modern views, derived from clinical experience and critical bedside observation, as well as newly-discovered scientific facts. Especial care has been bestowed upon the etiology, including bacteriology, inductive diagnosis, and the details of treatment.

The etiology and mode of transmission of

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Malaria and of Yellow Fever have been almost entirely rewritten. Certain affections of growing importance, as Diphtheritic Dysentery and Parasitic Hemoptysis, have been recast and more fully discust. A few new articles have been introduced; for example, Fatty Infiltration of the Heart, Streptococcus Pneumonia, and Acute Diffuse Interstitial Nephritis. Among leading infections that have received careful and thoro revision are Typhoid Fever, Malaria, Cerebro-Spinal Meningitis, Lobar Pneumonia, Influenza, Variola, Chronic Tuberculosis, and Hydrophobia.—A. L. R.

An Introduction to Chemical Analysis. For Students of Medicin, Pharmacy and Dentistry. By Elbert W. Rockwood, M. A., M. D., Professor of Chemistry and Toxicology in the College of Medicin; Professor of Chemistry and Metallurgy in the College of Dentistry; Lecturer on Toxicology in the College of Pharmacy, of the University of Iowa. Illustrated. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Price, Cloth, $1.50 net.

The book is well written and nicely finisht. It is evidently intended for the use of the author's own students, but it can be used with benefit by any chemistry or medical student. It does not go deeply into details such as the practitioner who has had a thoro chemical course demands. Only the most important poisons are analyzed, and considerable essential material is omitted. It is clear and concise, and an admirable little work for one who is taking up elemental analysis, and for such purpose we commend it heartily.—A. L. R.

Hemmeter. Diseases of the Intestines. Their Special Pathology, Diagnosis and Treatment. With Sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces, and Urin. Intestinal Bacteria and Parasites; Surgery of the Intestins Dietetics; Diseases of the Rectum, etc By John C. Hemmeter, M. D. Philos. D. Professor in the Medical Dept. of the University of Maryland; Consultant to the University and Director of the Clinical Laboratory; etc. In two Volumes. Volume 1.—Anatomy, Physiology, Intestinal Bacteria, Methods of Diagnosis, Therapy and Materia Medica of Intestinal Diseases, Diarrhea, Constipation, Enteralgia and Enterodynia, Meteorism, Dystrypsia, Enteritis, Colitis, Dysentery, Intestinal Ulcers, Intestinal Neoplasms, etc. With many original Illustrations, some of which are in colors. Publisht by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. 1901. Large Octavo, 740 pages. Price, $5.00 per volume.

This is the greatest modern work on the subject. The two volumes are a complete cyclopedia on the subject of intestinal disorders. It is not burdened by senseless illustrations, and has few "set" formulas, but all needed illustrations are here, and the text on therapeutics is ample. The cuts of the gas production of the various bacilli are worthy of note, as are also those on the reaction of the typhoid, intermediate, and colon group on bouillon, lactose and saccharose. Poly-pharmacy is deplored. It is a fitting companion to the celebrated author's great work on diseases of the stomach. Every physician, and especially the general practitioner, should have both. Every possible phase of the subject has been treated thoroly so far as this volume reaches. The handling of every subject toucht upon is complete and masterly. The paper is good, and the binding up to the standard. Constipation and obstipation are superbly handled. The article on indications and contra-indications of drugs is a valuable feature. Every disease of the intestins has a complete treatment on the subjects of physiology, pathology, diagnosis, and therapeutics. It might well have been titled a cyclopedia. It will grace any shelf and be an unfailing help in time of needed aid.—A. L. R.

A Manual of the Practice of Medicin. By George Roe Lockwood, M. D., Professor of Practice in the Woman's Medical College of the New York Infirmary. Second Edition, Revised and Enlarged. Octavo volume of 847 pages, with 79 illustrations and 20 full-page plates Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $4.00 net.

This work presents the essential facts and principles of the practise of medicin in a concise and available form, adapted to meet the requirements of those who heretofore have been obliged to resort to the larger works of reference.

The entire book has been subjected to a thoro revision. Many portions have been entirely rewritten and a number of subjects have been introduced. Among the new sections may be mentioned Bubonic Plague, Gastroptosis, Gastric Analysis, and Reichmann's Disease. The subject of Malaria has been entirely rewritten. The section on Diseases of the Digestiv System has also been largely rewritten, especially the following subjects: Gastritis, Dilation of the Stomach, Gastric Atony, Ulcer of the Stomach, Gastric Neuroses, Enteritis, Colitis, etc.

The descriptions of Diseases and their treatment given are terse and clear, and the work gives in a most concise manner the points essential to treatment usually enumerated in the most elaborate works. Every plate is a superb illustration of the subject which it is intended to elucidate. The cuts are plain. There is no padding or verbosity, but every disease has enuf attention to give the reader essential points without excessiv reading.—A. L. R.

An American Text-Book of Pathology. Edited by Ludvig Hektoen, M. D., Professor of Pathology, Rush Medical College, Chicago; and David Riesman, M. D., Professor of Clinical Medicin, Philadelphia Polyclinic. Handsome imperial octavo of 1245 pages, 443 illustrations, 66 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $7.50; Sheep or Half Morocco, $8.50 net.

The importance of the part taken by the science of pathology in the wonderful advances in practical medicin is now recognized. It is conceded that he who would be a good diagnostician and therapist must understand disease—must know pathology. This work furnishes practitioners and students with a comprehensiv text-book on the essential principles and facts in General Pathology and Pathologic Anatomy, with especial emphasis on the relations of the latter to practical medicin. Each section is treated by a specialist who is thoroly familiar with his particular subject. The illustrations, which are nearly all original, and of which 66 are in colors, are unsurpassed in beauty. The pictorial feature of the work forms a complete atlas of pathologic anatomy and histology. Few general practitioners pay due attention to pathology because they have difficulty in getting a work adapted to their needs. This work supplies the deficiency; every cut is plain and the text concise, clear, and entertaining. There is no better single volume work on the market.—A. L. R.

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Atlas and Epitome of Bacteriology. A text-book of Special Bacteriologic Diagnosis. By Professor Dr. K. B. Lehmann, Director of the Hygienic Institute in Würzburg; and R. O. Neumann, Dr. Phil. and Med., Assistant in the Hygienic Institute in Würzburg. From the Second Enlarged and Revised German Edition. Edited by George H. Weaver, M. D., Assistant Professor of Pathology, Rush Medical College, Chicago. In two volumes. Part I, consisting of 632 colored figures on 69 lithographic plates. Part II, consisting of 511 pages of text, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

A most valuable addition to Saunders' Series of Hand Atlases. As in all the volumes of this commendable series, the lithographic plates are accurate representations of the conditions as actually seen, and this well-selected collection, if anything, is more handsome and useful than any of its predecessors. As an aid in original investigation the value of the work is inestimable.

The text is divided into a general and a special part. The former furnishes a survey of the properties of bacteria, together with the causes of disease, disposition, and immunity, reference being constantly made to an appendix of bacteriologic technic. The special part gives, so far as possible in a natural botanical arrangement, a complete description of the important varieties, the less important ones being mentioned when worthy of notice. The causes of diphtheria and tuberculosis, together with the related varieties, have been given especial attention.

As a text-book of bacteriology and bacteriologic diagnosis it is all that could be desired, embracing as it does, in a comparativly limited space, all the important species and many of the less valuable ones, and discussing them in language concise and easily intelligible. It is an admirable aid to the practitioner who has not the facilities for frequent observation of bacteria, or who realizes that the discovery of new bacteria has gone on since his graduation. The illustrations are perfect, and the two volume plan gives an abundance of unexcelled text.—A. L. R.

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M. D., Chief of Clinic, Department of Nervous and Mental Diseases, and Clinical Lecturer on Psychiatry, College of Physicians and Surgeons, New York. Third Edition, Revised and Enlarged. Handsome octavo volume of 870 pages, with 322 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

This work has met with a most favorable reception from the profession at large, two editions having been exhausted in as many years. It fills a distinct want in medical literature, and is unique in that it furnishes in one volume practical treatises on the two great subjects of Neurology and Psychiatry.

In this edition the book has been thoroly revised in every part, both by additions to the subject matter and by rearrangement wherever necessary, to make it more acceptable to the practitioner and the student. Several sections have been entirely rewritten, and there have been added a number of new illustrations, an increased amount of tabular matter, and a series of diagrams that have proved of assistance in the solution of diagnostic problems. The illustrations of facial expression, posture, gait, deformity, etc., cannot be excelled. We have not found anything omitted, and discover much that is new. Every general practitioner needs a work on nervous diseases, and this is particularly suited to the man who has had little or ancient clinical facilities in hospitals.—A. L. R.

International Clinics, Vol. 2, 11th Series, Edited by Henry W. Cattell, Philadelphia, Pa. A quarterly of clinical lectures and especially prepared articles on all subjects of interest to medical students and practitioners, by leading members of the medical profession thruout the world. Publisht by J. B. Lippincott Company, Philadelphia, 1901. Price for set of four volumes, $8.00; single volumes, $2.00.

This work is an old friend to our readers. It has been on the market eleven years, and has scored continuous successes. This is one of the best of all the issues. Foreign and local authors of repute contribute many articles on medicin, therapeutics, surgery, neurology, obstetrics, gynecology, pathology, pediatrics, laryngology, and on various miscellaneous subjects. All are good. Critical review of each article is impossible, but every one is worth reading.—A. L. R.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicin and Therapeutics in the Philadelphia Polyclinic Lecturer on Clinical Medicin at Jefferson Medical College; Physician to the Philadelphia Hospital, etc. Volume III—Climatology, Health Resorts, Mineral Springs. By F. Parkes Weber, M. A., M. D., F. R. C. P. (Lond.), Physician to the German Hospital, Dalston; Assistant Physician North London Hospital for consumption, etc., with the Collaboration for America of Guy Hinsdale, A. M., M. D., Secretary of the American Climatological Association, etc. In Two Books. Book I,—Principles of Climatotherapy—Ocean Voyages—Mediterranean, European and British Health Resorts. Book II—Mineral Springs, Therapeutics, etc. Illustrated with Maps. Price for the complete set, $22.00 net.

These are the Third and Fourth Volumes of Cohen's System of Physiologic Therapeutics, whose timeliness has already been commented upon. The first part treats of the factors of climate, with their effect on physiologic functions and pathological conditions, and describes the fundamental principles that underlie the application of climates, health resorts and mineral springs in the prevention of disease, and to promote the comfort and recovery of the sick.

The second part describes health resorts; and the third part discusses in detail the special climatic treatment of various diseases and different classes of patients. Book II also describes the health resorts in Africa, Asia, Australasia and America.

In Book I ocean voyages are first treated with considerable detail, and their advantages and disadvantages, indications and counter-indications as a therapeutic measure, are pointed out. As very little exact information on this important subject exists in an available form, this chapter should be of great use to physicians. The subject of altitude is treated in a similarly full and definit manner, and not only are we told what classes of patients and disorders are benefited by Alpine and Rocky Mountain climates, but also what classes are unsuitable for such treatment. The difference between summer and winter climates in Switzerland, and the therapeutic indications for the different seasons are discust at length. In addition, the seacoast and inland health resorts of the Mediter-

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ranean countries, those of Continental Europe and those of the British Islands, including mountain stations of various elevations, plains, and mineral water spas, are described, with no waste of words, but with a fulness of detail unusual in medical books.

The existence of sanatoriums for special diseases, as those at seaside resorts for scrofulous and weakly children, and in various regions for consumption, nervous affections, diseases of women, and the like, are specified.

Manual of Physical Diagnosis. For the use of students and physicians. By James Tyson, M.D., Professor of Medicin in the University of Pennsylvania and Physician to the University Hospital; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Fourth edition, revised and enlarged. With colored and other illustrations. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1901. 12mo. Cloth, $1.50 net.

This famous teacher writes as well as he lectures. The little book (298 pages), is a gem. Everything is considered. No verbosity. No senseless illustrations. We can find nothing to criticise, nor anything to suggest for the next edition. While claiming to be but a "manual and text book," it closely approaches the border line of a condenst cyclopedia on physicial diagnosis. We commend it to student and practitioner as the best small work obtainable.—A.L.R.

The Office Treatment of Rectal Diseases Explained and Simplified. By Rufus D. Mason, M.D., Omaha, Nebraska. 1901. Price not named.

Contains 83 pages of valuable material. The author does not claim to do more than explain the therapy of the minor affections which may be treated in the office without induction of surgical anesthesia. He has done well. Verbosity and useless matter find no place. He uses few cuts of the common instruments. He has striven to put out a book for the general practitioner, at a low price, that would prove satisfactory. We congratulate him on results. The common sense and straightforward methods advocated will meet acceptance at the hands of the best class of general practitioners, and the book should sell well.—A.L.R.

Microbes and Health. By Samuel J. Wilson, M.D., Member Clinton County Medical Society, Central Michigan Medical Society, Michigan State Medical Society. Publisht by the author. 1901. Price $1.00. Address 317 Cass Ave., Detroit, Michigan.

The book contains 230 pages, and a deficient index. The author is able to speak much common sense, but he speaks much nonsense meanwhile. He condemns all the antitoxins except that of diphtheria, and assures us that it will soon go in the same category. He is "sore" on bacteriologists. He knows there are germs in existence, but he questions the way we meet and study them. He knows a good deal, but there are many knowable things of which he seems ignorant. Any practitioner may learn much from perusing the book, but we could not commend it as a "stand-by" in clinical work. The doctor has written well; meant well; and told much neglected truth; but many of his assertions are questionable. The book is well written, and will entertain those who like to read. It may sell well, and we wish the author success because we admire his originality.—A.L.R.

The Physicians Visiting List for 1902. Fifty-first year of its publication. Publisht by P. Blakiston's Son & Co., Philadelphia, Penna. Bound in black leather, with pocket and pencil, and having space for 25 patients per day or week. $1.00 post paid.

The same style is put out in larger sizes. The "Perpetual Edition" has no dates, but has space of 1,300 names at $1.25 or 2,600 at $1.50. "Monthly Edition," $1.00, the name of patient being written once monthly. The list is too well known to need more than mention. It is a great convenience. Uniform in style and mechanical execution with former years.—A.L.R.

The Medical News Visiting List for 1902. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil, and rubber. Seal Grain Leather, $1.25. Thumb letter index, 25 cents extra. Philadelphia and New York: Lea Brothers & Co., Publishers.

Essentials of Physiology. Prepared especially for students of medicin; and arranged with questions following each chapter. By Sidney P. Budgett, M.D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo volume of 233 pages, finely illustrated with many full-page half-tones. Philadelphia and London: W. B. Saunders & Co. Cloth, $1.00 net.

This is a new work and a worthy accession to Saunders' Question-Compends. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text book. The subject of physiology is covered well. The illustrations are as good as found in more expensiv books. Those who use compends will find none better.—A.L.R.

Landis. A Compend of Obstetrics. Especially adapted to the use of medical students and physicians. By Henry G. Landis, A.M., M.D., late Professor of Obstetrics and Diseases of women in Starling Medical College. Revised and edited by William H. Wells, M.D., Adjunct Professor of Obstetrics and diseases of Infancy in the Philadelphia Polyclinic; Intructor of Obstetrics in the Jefferson Medical College, Philadelphia, etc. Seventh edition. Illustrated. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1901. Price, cloth binding, 80 cents. Interleaved for the addition of notes, $1.00 net.

The work is uniform with the other "Quiz-Compends," and covers the obstetrical field as well as any small work could. It has all of the latest suggestions, and is well edited. Many practitioners may learn much from it. As a condensation, we commend it. It has sold well, and that is a good proof of merit.—A.L.R.

Coblentz. A Manual of Volumetric Analysis. Treating on the subjects of Indicators, Test-Papers, Alkalimetry, Acidimetry, Analysis by Oxidation and Reduction, Iodometry, Assay Processes for Drugs with the Titrimetric Estimation of Alkaloids, Estimation of Phenol, Sugar; Tables of Atomic and Molecular Weights. By Virgil Coblentz, Ph.D., Pharm.D., F.C.S., Professor of Chemistry in the New York College of Pharmacy. Illustrated. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1901 Octavo, 180 pages. Price, $1.25 net.

This is a valuable and complete book. The already brilliant reputation of its author will be enhanced. The long chapter on indicators is

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good and worth the price askt for the book. The note on standardization of hydrochloric acid is correct and valuable. The article on estimation of organic salts of the alkalies and alkali-earths is interesting. The note on valuation of barium dioxid will save money to many pharmacists and physicians. It contains many valuable tables not publisht elsewhere. We commend the work as the best of its class.—A. L. R.

Our Monthly Talk.

In continuing our subject of last month, I wish to say at the outset that Mr. Vanderbilt the man is not our subject. If he were, I could easily fill much more than the space of one Talk with praise and commendation of him as an industrious, frugal and far-sighted man, and a useful and enterprising citizen. He was born in what might be termed humble circumstances on Staten Island in 1794, and early in life began his industrial career as a ferryman, plying between Staten Island and New York City. At the age of 23 he became captain of a steamboat plying between New York and New Brunswick. His wife was a staunch helper to the young man, as indicated by the following: While her husband was running the steamboat she kept a boarding-house—at the New Brunswick end of the trip, I think. Her management was so successful that her boarding-house soon developt into a hotel. One day Mr. Vanderbilt said to his wife that if he could only raise $8,000, it would enable him to make a great deal more than that. She at once said that she could let him have it, and went to the mattress under which she kept her savings and got the money for him. Mr. Vanderbilt went daringly into boating ventures that brought him much wealth and the reputation of being a successful operator. Upon the birth of railroad transportation he was "early on the ground," and took an activ part in the early development of the same. Here we will leave the story for the present.

An American Tolstoi.

A peculiar influence toucht the heart and life of a wealthy St. Louis manufacturer. Just what it was or where it came from I never thought to ask him; possibly from reading the works of Count Tolstoi; or from contemplating the life and teachings of the Nazarene—this is what influenced Tolstoi. At any rate, he gave up his mansion in the city, went to a beautiful country spot in Illinois, establisht the beautiful village of Le Claire, built model cottages for his employees, in one of which he took up his abode with his family. Think of the change from the city mansion with retinue of servants, to a simple cottage with no servants—the dizzy whirl of fashionable society for the simple but sweet sunshine of rural cottage life. The requirement of the new religion which came to him was that *all*, however rich or talented, shall live simply and do useful work. He does his own gardening, etc., and delights in it, while still keeping a controling hand on the large manufacturing business. The once fashionable wife manages her own household and renders various social services to the community. The once fashionbred daughter teaches the village school, and helps her mother with the housework. This man is N. O. Nelson, of the N. O. Nelson M'f'g Co. Very soon after the publication of my January Talk I received the following letter from him. I fancy that I see a tinge of bitterness in the letter, but I hope I am mistaken. However, there is a hopelessness in it that I am glad that I do not share. Here is the letter:

ST. LOUIS, Jan. 6, 1902.

DEAR DR. TAYLOR:—There is no conundrum about the Vanderbilt millions. You only have to be versed in modern civilization and modern Christianity when it becomes quite clear and not at all reprehensible. Vanderbilt, Taylor, Nelson, Lloyd and Abbott are all of one class. They take the benefit of what their services are worth in the market, and they take the income from the properties they own. There is no half-way between the principle that Christ and others such as he taught and lived, that of serving all mankind equally and taking no advantage for himself, and the commercial principle, which is to buy and sell services and property at the market price. On the latter principle every man is entitled to whatever salary he can get (and who is there that does not take it?), and to take all the profit he can get openly in trade and all the increment in his investments. That is all that the original Vanderbilt did, and all that any of his successors have done. By strong and well balanced management, and the prosperous growth of the community, the Vanderbilt properties have grown in earnings, which is the only thing that fixes their 200 million dollar value. Except that each successiv Vanderbilt so managed the New York Central and allied railroads that the net income would yield interest on a certain capitalisation, there would have been nothing of the 200 millions. The Vanderbilt roads pay as good wages as other employers, or better, transport people and goods as cheaply as any other road. They have never been given to tricks of the trade. Their values have been earned by the rules of the game. The argument in the case must drive at the validity of the commercial principle or of the Christ principle. If the latter prevails, neither you nor I nor Abbott nor Lloyd are entitled to larger incomes than our neighbors, simply because we have more ability or because we own the "outlook," or THE MEDICAL WORLD, or a factory. If we are entitled to three or thirty times as much income as our laboring brother, then there is not possibly a dividing line between that and all that our ability of management enables us to obtain control of, provided we violate no law, pay the full current wages and "buy in the cheapest and sell in the dearest market." Yours, very sincerely,

N. O. NELSON.

Please emphasize "and the prosperous growth of the community" in the above letter, and then let us go back to Mr. Vanderbilt. He was "early on the ground" in the construction of railroads. He lived in New York City, that natural center of trade between the people of a rich and rapidly developing continent, and Europe. He early came into control of the Harlem R. R., then of the Hudson River R. R., then of the N. Y. Central, which he consolidated, and by means of these obtained control of connecting lines further west. Now can you not see the secret of such fabulous wealth? Think of the profit in charging "all the traffic will bear" on the immense traffic from Central New York and the west, down the Hudson valley to the growing metropolis and the great natural harbor which is the outlet to Europe. Also, think, of the "unearned increment" pouring into the Vanderbilt lap from the rapid development of this vast and naturally favored region! Yes, according to the present rules of the game, all this legally belongs to him who can cause these

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imperfect rules to minister specially to him. We cannot complain of Vanderbilt, but we can complain of the rules. When the stupendous wealth legally belonging to him was demonstrated by the capitalization of his holdings, Mr. Vanderbilt was astonisht, as well he might be. Mr. Nelson says, "the Vanderbilt properties have grown in earnings." Yes, by the growth of the community. Think of a man being given a hold for an indefinit time on a rapidly growing community. Wealth is then certain to come to him in proportion to the wealth and growth of the community. Then is it strange that when the Commodore died in 1877 he was worth the phenomenal sum of $200,000,000? No one will claim that he "made" or earned anything like that amount. The community made it, and by defectiv "rules of the game" that amount went to him.

We are now beginning to understand sociology better. There is a growing belief that wealth which is created by the community should belong to the community and not go to individuals. We are beginning to understand the value of public franchises. We are beggining to learn that public franchises naturally and justly belong th *the public.* If they are turned over to individuals to operate, the public should receive proper payment for the same, and the period of grant should be limited, so as to permit readjustment of price as the community grows. A patent expires in seventeen years. A public franchise should have a time limit similar, or differing according to local conditions. If New York State had limited Mr. Vanderbilt's railroad franchises to *fifty* years, think of the difference in his fortune, and the advantage to the community! Mr. Vanderbilt would have been amply paid—*richly* paid; the inducement would have been sufficient incentive for him to devote his best energies and talents, just as he did, to the development of his enterprises. The only difference would have been that he would not have been so inordinately paid, and the community would have been better off. The usual limit of public franchises in England is twenty-one years. Since law makers in this country have learned that there should be a time limit (the lesson is as yet very imperfectly learned) the period varies in different parts and for different purposes from five to thirty years; so you see fifty years would be a *long* franchise.

All large fortunes have come, not from individual effort, but by a large part of the value that is created by the community going into private pockets. In cities, the franchise grabbers for street car lines, gas, water, telephones, etc., have become wealthy. Real estate grows in value by the growth of the community, and not by the individual efforts of the owner. Andrew Carnegie's millions were the result of our protectiv tariff, as well as the industry and enterprise of Mr. Carnegie. No man ever did and never can become a millionaire by his own unaided efforts. I showed several years ago that if Jesus had begun saving $1 per day from the date of His birth in Nazareth, and so continued every working day from that day to this, never taking a vacation, and not allowing a day for sickness, never out of a job, and always certain of his pay, He would, to the present day (barring interest) have saved only a little more than half a million! Then how can any man claim to have righteously and justly earned a million dollars?

Change the Rules of the Game.

Yes, Mr. Nelson, there is a "half-way" between Christ and commercialism, as the latter has been practist. Commercialism is all right if we make the rules right. It is better for us to learn the mistakes that have been made in the past and strive to correct them for the future, than to settle right down into these mistakes, hopelessly, or conclude that the only escape is to fly to the country, live a simple life, study Tolstoi, and think about Christ! No. Our place is in society as it is, and our duty is to work for such changes in "the rules of the game" as will give justice to all, and inordinate fortunes to none. This will require study on the part of us all, but what is more interesting than sociology and economics. It will require work, expense and sacrifices to spread the light of better rules and conditions, and to get better "rules of the game" actually adopted, leading to better and fairer conditions, but what is more worthy of our best efforts?

A Relief Measure.

Frequently we must administer a potion for relief, until our remedies for cure can operate. So in sociology—or as Mr. Nelson aptly puts it, the rules "the game."

The condition of large fortunes in the hands of a few is already with us. What shall we do about it? Two measures (not remedies) are in operation in various countries and to varying degrees. They are taxes on incomes and taxes on inheritances. The income tax taxes productivity, as well as interest and rent. If a man, by superior industry or skill, in professional pursuits for example (—a great physicain or surgeon—) makes a large income, it seems to me that he ought to have it during his life time. Inheritance taxes do not discourage energy and thrift, for the subject is *dead.* All the encouragement that law could give, protection, special privileges, etc., cannot affect him, for he is *dead.* And he has no more *needs.* Lord Rosebury once said that the dead hand has no *rights.* As to the living—those who are made heirs either by law or by the will, they have no rights except what the law may give. They are about to receive what they did not before have—what they did not earn. They will receive it only by grace of the law.

We have seen above that all large fortunes must come from the community—they cannot be earned by a single individual. What is more natural and right than that the excess above a moderate amount to defendant heirs should go back to the community?

The inheritance tax has long been recognized as a legitimate and proper source of revenue by various governments. We had quite a "steep" one during the war of 1860-65, but it was afterward repealed. The Spanish war brought another one, but it is very mild. I have several times suggested that we have a law limiting any single

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inheritance to an individual to $1,000,000, any excess over that amount going to the Government. This would stop the perpetuation from generation to generation of excessivly large fortunes, and would put a stop to multimillionairism except during the creativ generation—the man who makes (wins) multimillions may have them during his life. And ought not an inheritance of a million satisfy any one?

In order to learn the difference in the revenue producing qualities of our Inheritance Tax as compared with other countries, I askt my lawyer to look up the laws, and write up a case, either actual or imaginary, illustrating the same. I paid a fee for this information in order to give it to you here for nothing. Here is his report:

PHILADELPHIA, Jan. 13 1902.

DR. CHARLES F. TAYLOR:—Replying to your request, to prepare a schedule showing the difference between the United States Inheritance Tax on personal property and similar taxes in one or more foreign countries, I have selected the English and French taxes for that purpose.

I have been able to get the French laws only to 1898, but it is not likely that there have been any material changes since that time.

I have taken a suppositious case of a man dying leaving personal property amounting to $5,000,000, after the payment of debts, and leaving it in the following manner:

To his widow and son, each $1,500 000, and to a brother, aunt, great uncle and a friend, each $500,000.

In the United States the widow is exempt, also all estates not exceeding $10.000, The rate is determined by both the relationship and the amount of the estate.

In England there are two taxes: one called "Estate Duty" on the estate before distribution, the rate determined by the amount of the estate; and the other, called "Legacy Duty" on the share received by the heir, the rate determined by relationship.

The widow is exempt from both taxes; and direct descendants and ancestors from the Legacy Duty. Estates not exceeding £300 ($1,500) are exempt from the Legacy Duty, and one annuity of £25 ($125) from the Estate Duty.

In France the whole estate is taxed, and there are no exemptions whatever, not even deductions for debts.

In the following table I have estimated the Legacy Duty on the pro rata shares that would be received by each heir, after deducting the Estate Duty.

In the French estimate there would be a slight increase, representing the tax on the amout used in paying the debts.

English Estate Duty, 7½ per cent. on whole, less widow's share amounts to $262,500.

	Rate of Tax.			Amount of Tax.		
	U. S.	Engl'd Legacy Duty.	France	U. S.	England.	France
Widow ...	Ex'mpt	Ex'mpt	3¾%	.....	.....	$56,250
Son	2¼%	Ex'mpt	1¼%	$33,750	.....	18.750
Brother ..	1½%	3%	8½%	7.500	$14,212 50	40,625
Aunt.....	6 %	5%	8½%	30.000	28.687.50	40,625
Gt. uncle	8 %	6%	8¾%	40,000	28,425.00	43,750
Friend....	10 %	10%	11¼%	50,000	47,375.00	56,250
				$161,250	113,700 00	$256,250
					262.500 00	
					376,500.00	

In the United States religious, literary, charitable and educational societies are exempted, as are also those for the encouragement of art and for the prevention of cruelty to children.

In England pictures, manuscripts, works of art and similar things are exempt so long as they are enjoyed in kind without power in the owner to sell them.

Yours truly,

Philadelphia. F. EARLE VON]LEER.

Our Government received from inheritance taxes $2,884,491 in 1900, and $5,211,898 in 1901. My lawyer has made for me the following table showing the revenue results from inheritance taxes in England and France.

ENGLISH INHERITANCE TAX FOR YEARS ENDING MARCH 31ST

	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900
Personal estate duty....	$3,901,210	$5,628,100	$6,520,400	$5,458,800	$5,345,915	$17,285,925	$37,823,222	$35,797,905	$38,529,275	$38,599,715	$49,327,690
Real.....	48,880	343,790	498,200	314,510	815,225						
Legacy duty.....	18,619,430	13,180,080	14,140,810	16,210,455	13,682,820	14,044,585	13,654,306	12,732,485	12,978,450	14,365,455	16,016,185
Total.....	$17,569,520	$19,101,970	$21,154,410	$21,983,765	$19,843,960	$31,280,760	$51,477,527	$48,530,390	$51,507.725	$52,965,170	$65,343,825

FRENCH INHERITANCE TAX.

	1890	1891	1892
Both personal and real....	$38,284,364	$38,801,900	$41,971,900

It will be seen that other governments receive much more from this source than we do. Our law is, as yet, only the "thin edge of the wedge." We should drive it in further, particularly as to *large* estates. The dominant party in Congress is now considering the repeal of the Spanish War Revenue Law. Our inheritance tax is a part of this law. We should all write to our congress-

(*Continued over next leaf.*)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

O. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

National Medical Legislation.

The following are samples of the replies received concerning the editorial, "National Medical Legislation," in February WORLD, page 47:

Your article on National Medical Legislation is all right; push the matter for all it is worth, as it is surely of great importance to our profession. C. W. MUSGROVE.

Trevorton, Pa.

I wish to express my highest appreciation for the article in February WORLD on National Medical Legislation. It is truly ripe for discussion. Indeed, after that article, I cannot see the need of further discussion. It seems to me that all that could be desired would be to *accomplish* the plan suggested. I have thought much on the existing conditions, and am satisfied that the movement is right, and just, and practical.

Butler, Ky. JOHN E. WILSON, M.D.

I want to express my appreciation of the article ("National Medical Legislation") appearing on page 47 of February WORLD. Pursue it until we get a Bureau of Public Health, under the charge of a physician, who shall be a member of the President's Cabinet. A National Examing Board would be all right. A good thing can not come too soon, and you shall have my hearty co-operation in assisting you to get justice for the profession. E. J. MCLENNAN, M.D.

Malta Bend, Mo.

Please note the fact that I take great interest in your article in the February WORLD and will do all in my power to assist in accomplishing a National Medical Law.

I think I can safely say that there are hundreds of doctors who will read or have read your article, and say to themselves: "Well, yes; that

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is my sentiment exactly, and I would like to see such a thing come about." He passes on to the next article and his mind is then on erysipelas or rectal diseases, never to return to National Medical Legislation until some brother again approaches him with the subject, or possibly he is stricken with a more forcible and personal impression due to the fact that his or his wife's health is much impaired, and he stops to think if a change of climate would be a benefit to that irritable cough and pain in the right lung. Then he first fully awakens to the fact that his license is of no value in California, Arizona, or Colorado. CHAS. A. PALMER, M.D.
Farmingdale, N. J.

Your views in regard to National Medical Legislation are o. k., and you have my hearty approval. I think something should be done to bring this about.

We doctors are negligent in matters of this kind, but if you could get the profession interested in this movement I think it could easily be accomplisht. Wish you abundant success.
Struthers, Ohio. C. R. WALLACE, M.D.

Our friends seem to think that this fight is *ours;* and that *we* have the power, and it should be our task, to obtain the legislation mentioned. This view is entirely wrong. The profession must, *itself*, work for what it wants. While much good can be done by discussion thru medical periodicals, the actual accomplishment must be done thru and by Congress. Every doctor has a representativ in Congress, but very few doctors ever think of writing their wishes to their represenativ. Then, how can they expect anything to be done? In this country the source of political power is *the people.* The representativs of the people are supposed to do the wishes of those whom they represent. But they can't be expected to "read the minds" of the people. Write your wishes to your congressman and United States Senators, inclosing clippings from medical magazines that express your views more fully than you wish to write.

Carbuncles.

This painful and too frequently fatal affection is always with us, and we note timidity on the part of young practitioners, and scepticism or severity among older men. When you are consulted regarding a carbuncle, you should be gentle, but you must be firm, and treat it thoroly and vigorously. The young doctor is too easy and too much afraid of hurting his patient; the young and slashing surgeon promptly excises the carbuncle; the old and experienced practitioner is rough and pessimistic; and all too much suffering is caused and too many deaths occur from this affection.

The carbuncle is but an abscess in a peculiar location and under peculiar conditions. Abscesses generally require nothing but antiseptic cleansing, and this is all the carbuncle needs. The difficulty in treatment is to get the antiseptic in contact with the pus laden surfaces. Excision is seldom justifiable, and rough handling never excusable.

When occurring as a complication of diabetes, we get best results from attention to the primal pathological condition; yet the idea of antisepsis is never to be forgotten when dealing with carbuncles. This principle is the "open sesame," whether the carbuncle occur idiopathically or in connection with chronic disease or cachexia. It is our opinion that excision of a carbuncle in a diabetic patient is never proper.

Thoro cleansing with peroxid of hydrogen, solutions of bi-chlorid of mercury, or dilute solutions of formaldehyd, followed by gently removing all loose pus and sloughs, will generally bring the speediest and happiest results. Many cases will require a preliminary crucial incision, but not every one. A fine nozzle syringe will often carry the antiseptic to the proper point, or fine probes wrapt with a thin film of surgeons, cotton may aid in cleansing. It has only been in exceptional cases that we have seen good accrue from free use of the knife. It is our belief that if doctors would carefully cleanse every carbuncle, and gently remove all slufs and pus, that patients and doctor would be better satisfied.

We have found the internal administration of Fowler's solution, or strychnin, of decided benefit in cases not diabetic.

The patient's age must always be considered, and the urin must be repeatedly examined in every case. A small and seemingly mild carbuncle will kill an old diabetic patient, when a young and rugged man would recover from a much more severe one. Judgment, skill, and experience count for much in this affection; but thoro antisepsis and frequent and gentle dressing count for more. Most carbuncles

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will heal within six weeks if properly treated. Never give an absolute prognosis. Make certain that the patient attends regularly. Carbuncles are maligned because physicians have been careless and neglectful and surgeons have been too rash. We hope that all WORLD readers will approach carbuncles in a different frame of mind hereafter. They are not to be knifed recklessly, or shuffled thoughtlessly; but if treated gently and properly, they will bring satisfaction to physician and patient.

Sciatica.

This is one of the most common, as well as one of the most inveterate forms of rheumatism. Some prefer to class it as "nervous rheumatism," or neuralgia. Exposure and traumatism cover its etiology; for it affects all ages and both sexes, without other assignable causes. The toxic sciaticas mentioned in text books are rare, and are generally found as a sequence of tabes dorsalis or diabetes mellitus.

Pathology is practically nil. A few cases of serous exudate or hemorrhage into the nerve sheath are recorded, but they were generally traceable to injury, and thus bore no relation to the common idiopathic variety. The operations undertaken for nerve stretching in this complaint have been successful in but few cases, and no information of value has been obtained during any of the numerous operations. We are thus compelled to rely on old theories as to rheumatism or neuralgia.

The complaint is so common, and the results of treatment so indifferent, that patients have grown sceptical and physicians have permitted themselves to become callous and negligent. Hence the patient is careless in obeying orders, since the physician shows no enthusiasm. With deficient medical care, and worse than no nursing, most diseases would tend to go from bad to worse; and when we confront such a malady as this we need employ our best efforts. The obstinate and inveterate character of the malady should stimulate us to every imaginable effort toward alleviation or cure. We dislike seeing this affection made one of the greatest reproaches of medicin in the eye of the laity. We implore the attention of every physician who sees a case. If all the old remedies have failed you till you are weary, why not try some of the new suggestions?

We have used some of the following suggestions with good success, and deem any of them worth a trial, rather than see our patient writhe hopelessly under salicylates, colchicum, alkalies, etc. None of them are a specific in any number of cases, but any one of them may relieve an individual case, and help your reputation.

(1) Wrap the limb in moistened sulfur for 24 hours.

(2) Rub carbon bisulfid freely along line of nerve.

(3) Apply fly blisters, ½ inch square, along course of nerve.

(4) Use the dry, super-heated air treatment.

(5) The use of a plaster splint to immobilize the leg.

(6) Hot or cold wet packs to affected leg.

Morphin should never be given if it can be avoided, since from the protracted nature of the disease, there is great risk of forming the habit. Acupuncture seldom benefits and often results in a neuritis. The anti-rheumatic remedies are most useful in the beginning of an attack, and are of little value later on. The treatment should be varied, both to amuse the patient, and because it generally has a good influence on the disease. We have had good results in convalescence from galvanism and massage. Now that we have mentioned the matter, we would like every one of our readers who gets a case not amenable to the ordinary remedies, to try some of these and report briefly. We should like to give the profession something tangible upon which to begin the treatment of this affection; for at the present time our treatment is altogether empirical and generally inefficient.

Venereal Warts.

The term is a glaring misnomer, since many cases have no connection whatever with present or past venereal affection. They are merely a hypertrophy of the papillae of the skin or mucous membrane, and this hypertrophy may be due to filth, venereal disease, or other irritation from any cause. The laity look on them as strictly venereal, and the perplexity of a patient who is conscious of innocence, is often amusing. Physicians should know enuf of venereal troubles to promptly set their minds at rest, yet too often the physician is almost as ignorant of the etiology

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of the affection as is his unfortunate patient.

The diagnosis is usually easy, as they commonly present the plain characteristics of the ordinary wart; but occasionally, from inflammation or attrition, their appearance may be altered. In the male, they are found on the glans penis, inner side of the prepuce, scrotum, perineum, or anus; in the female, on labia minora or majora, perineum, or anus. They are elevated, vascular, bright red, and if kept moist by secretion, may be of exuberant growth. When found on the skin surface, they are usually dry. If their size causes them to be prest upon, they readily mould themselves to the shape of the adjacent parts. They are most suspicious when found in old people, since they rarely occur from other than venereal causes after 25 years of age; yet in such cases, care must be used in diagnosis so that malignant growths be excluded.

If kept absolutely clean and dry, they disappear without medication; but the duration may be protracted in untreated cases. If they are permitted to remain filthy, they may ulcerate, and may even be complicated by inflammatory buboes. Rarely, a neglected case may prove the focus of a cancer.

If they are small, scattered, or sessil, they are best treated by snipping off with scissors or a bistoury, and cauterizing the bleeding point. If large, it is often necessary to excise the whole mass and approximate the healthy tissues with sutures. Bleeding is always free, but commonly is checkt by cauterization. Carbolic acid is the preferable agent, but in the case of large sized masses, one should have the actual cautery at hand. Authorities advise against ligating any but spouting vessels. If operation be refused, occasional success may be obtained by frequently touching the wart with chromic or nitric acid. The former can only be used when the growths are few or small, else systemic poisoning may result; the latter is illy adapted to large or numerous growths, on account of the subsequent pain. After cauterization or operation, the parts are drest antiseptically with dry powder, or may be covered with antiseptic ointment.

Clearer diagnosis and more rational treatment are needed in this complaint. No physician has any right to declare the affection venereal without uncontrovertible proof from concomitant affection.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Wood Alcohol.

Editor MEDICAL WORLD:—There are many people who do not know, or do not bear the fact in mind, that wood alcohol is not identical with grain alcohol. The idea is quite prevalent that wood alcohol is merely alcohol made from wood—that alcohol is alcohol no matter how it is produced—and this is no doubt the main reason why the improved wood alcohol of commerce has come to be so much misused. There are alcohols and alcohols, however; according to the chemical classification, about forty in number. For example, glycerin and carbolic acid are clast as alcohols. It is fortunate, therefore, that the use of the term alcohol is as restricted as it is.

Wood alcohol, the methyl spirit, is the first or lowest in the homologous series of alcohols of the fatty compounds; its chemical formula is CH_4O; its boiling point is about 137° F. Grain alcohol, the vinous or ethyl spirit, is the next in this series; its formula is C_2H_6O; it boils at 173° F.; its specific gravity is 0.806, being slightly heavier than the methyl spirit. Wood alcohol is directly formed in the destructiv distillation of wood. Grain alcohol is formed by the fermentation of grains, fruits, glucose or grape sugar, etc. When pure, the odor and taste of both these alcohols are not disagreeable. Wood alcohol, however, is always contaminated in its cruder states with other substances which render it offensiv and unpalatable, and it has been heretofore a difficult and troublesome matter to get rid of these impurities.

High grades of wood alcohol are now on the market under different trade names, such as Columbian Spirit, Colonial Spirit,

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Alcolene, etc. The former was brought out in the year 1893, from which it was named (Columbian World's Fair year); subsequently, however, while it was represented as absolutely pure and "a perfect substitute for grain alcohol in the arts and manufactures," the refiners stated they were steadily improving on the quality and looking forward to making that product so fine that it might be used in the manufacture of perfumes. Colonial Spirit has only been on the market for the past year, but it has recently been largely advertised as "a pure, refined spirit for domestic use, sweet smelling and clear as crystal"; a sample before me, however, has the distinct odor of wood alcohol.

From the nature of the substances, it is apparent that wood alcohol, which volatilizes at a point about 35° F. lower than grain alcohol and has other distinctiv properties, can not be a perfect substitute for the other in the arts and manufactures. Each has its special uses and adaptations.

Since writing about the effects of wood alcohol for the December WORLD, I have found that the question was fully discust from the business standpoint before a joint select committee of Congress, which made an extended inquiry regarding the uses of alcohol in the arts and manufactures in 1896 and 1897, when there was a proposition to permit methylation or the use of grain alcohol in industrial ways free of tax. It is generally known that common alcohol in the various forms of "distilled spirits" is taxt at the rate of $1.10 per proof gallon (50 per cent. of pure alcohol), but wood alcohol is not taxt at all under our internal revenue laws. The alcoholic beverages are taxt on the theory that they are luxuries, and as such can bear the burden.

The wood alcohol industry has thus been fostered and protected by the tax on grain alcohol. Hence it is that wood alcohol, which was formerly a waste product in the making of charcoal, has become the chief source of profit, and charcoal is now considered a by-product.

It developt in the course of the aforesaid inquiry that the wood alcohol business was and had been for some time practically controled by a trust. The officials of this concern, and others, were very emphatic in their statements that wood alcohol taken internally in a moderate quantity would readily produce death, no matter how pure the specimen taken, and numerous reports of fatalities were submitted. No case of permanent blindness was cited, however. With reference to the effects from exposure to the vapors of wood alcohol, and from the inhalation thereof, the testimony went to show that such effects were temporary. It was shown, for example, that workmen who were engaged in hat factories (where a solution of shellac in wood alcohol was used for stiffening hats) frequently suffered from headache, catarrhal affections of the respiratory organs, severe irritation of the eyes or conjunctivitis, blurring of vision, or loss of sight for the time being; the affected persons sometimes had to be led to their homes. But these effects were said to pass off entirely in a day or two at the most, altho it was claimed that, in some instances, employees had changed their occupations because of the catarrhal troubles or conjunctivitis assuming a chronic character. This testimony was corroborrated by several physicians, one of whom was a specialist. A superintendent and chemist in the employ of the trust stated that his eyes had been affected quite seriously several hundred times; that, fearing it might in the end affect his vision, he had consulted oculists, but they all had agreed that it was simply an irritation of the mucous membrane, and could have no permanent effect.

It seems probable that the direct irritation of the conjunctiva and of the respiratory tract was due in great measure to the action of the impurities rather than to the wood alcohol itself, for there was some lessening of the complaints of this character corresponding with the improvement of the spirit which was used. It is more than probable, moreover, that the purification of this product has brought it to a point where its general use becomes more dangerous—if it is not more toxic—by reason of the absence of the properties which rendered it especially objectionable, and because of its more extensiv use and the increast liability for the occurrence of mistakes. Naturally, if the vapors are not so irritating, if the spirit is not so offensiv, more may be inhaled or imbibed, and the consequent toxic effects will be more pronounced. This is a possible explanation of the markt frequency of fatalities and blindness from this cause during the past few years.

It was formerly quite a point in favor of

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the introduction and use of wood alcohol that it could not be taken as a drink, for it was (and is) not uncommon for workmen to drink ordinary alcohol diluted with water—especially when obtained without cost. Indeed, some physicians prefer to prescribe common alcohol in this way rather than to direct its use in the form of brandy or whisky. Some refiners of wood alcohol now assert that the placing on the market an article which "will perform all the domestic functions of grain alcohol," having the caution on every package "must not be used internally," should have the effect of reducing the danger of the misuse of alcohol instead of increasing it. It does not appear that this effect is being realized, however.

Wood alcohol has been used to a considerable extent in the preparation of extract of witch hazel, bay rum, Florida water and other toilet articles, and in liniments; also, in extracts and essences put up for internal use. It has even been substituted for the officinal alcohol in the preparation of medicinal tinctures and other remedies. It is represented as a "refreshing luxury for the bath and for massage purposes." Such uses may not be unattended with danger, as shown by the numerous accidents and fatalities that have been reported.

It occurred to me, as doubtless it has occurred to many, whether or not wood alcohol is used to adulterate or imitate the common alcoholic beverages? Inquiries made at the Bureau of Internal Revenue and at the Department of Agriculture have been answered in the negative; that is, there is no official information that wood alcohol is used to any extent to adulterate beverages in this country. However, the suggestion was made by different persons before the Congressional committee that it might be used in this way, and a man from North Carolina said he understood it was so used. From a statement in Allbutt's System of Medicin it appears that whisky is known to be adulterated with wood alcohol in Great Britain.

There is a large consumption of extracts —principally ginger—in some districts where such use is practically the same as a beverage. Only one manufacturer admitted, before the Congressional committee, that he used wood alcohol in making extract of ginger, and he seemed to think it perfectly legitimate. Others were certainly in the same business, either then or subsequently, as shown by the reports of deaths and blindness resulting from the use of such preparations. In Georgia, "Jamaica ginger" is scheduled as an intoxicant.

Altho wood alcohol itself has an insignificant place as a medicinal agent, the methyl radicle, CH_4, will be recognized in a large number of the newer remedies. Codein is obtained directly as an alkaloid from opium, and it can also be prepared from morphin and wood alcohol; it is, therefore, demonstrated to be methyl-morphin. The following, selected from Merck's Manual, appear to be derived from wood alcohol or represent synthetically the methyl bases in different combinations: antipyrin, bismal, cacodylic acid, chloralamid, codein, formaldehyd (formalin, formin), glutol, ichthoform, kryofine, lycetol, methyl salicylate (synthetic oil of wintergreen), methylene blue, orthoform, pyoktanin, pyridine, salipyrin, sulfonal, tannoform, tannopin, trional, trioxymethylene (paraformaldehyd). Among these will be recognized some very important drugs, and some which have unenviable records of their own. The list is no doubt far from complete.

The physiological effects and the therapeutical properties of wood alcohol have not been fully investigated In general it is stated that the actions of wood alcohol resemble those of grain alcohol; that the stage of excitement is more markt in the case of wood alcohol; that the subsequent stages succeed one another more quickly; that the effects do not pass off as readily. Much remains to be accurately determined, however. The mean toxic dose of wood alcohol is considerably less than that of grain alcohol—it is stated at about three-fourths or probably less; the effects of its continued use seem to be much more disastrous. The effects, postmortem, resemble those produced by acute poisoning from grain alcohol; but they are generally more markt, especially in the liver and kidneys.

Nephritis may be caused by the use, or abuse, of wood alcohol. In the reported cases of blindness, however, the lesion is not considered as secondary to kidney disease or albuminuria. Blindness in these cases is attributed to a primary post-ocular optic neuritis; the retinal changes are regarded as secondary to that, constituting, as one observer has called it, the "inevitable central scotoma." The ophthalmologists are not all of the same opinion as to

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the pathology of these cases, however, and valuable experimental work is being done to clear up the matter.

Altho wood alcohol is recognized as a dangerous agent, Ohio is the only state, so far as I can learn, which restricts its sale and requires it to be labeled as a poison.

H. T. Guss, M.D.

Washington, D. C.

Further Remarks on the Treatment of Rectal Diseases by the General Practitioner.

Editor Medical World:—I am having tangible evidence, and lots of it, that The World has a wide circulation, and that it is promptly read. The first intimation I had of the appearance of my article (February World, pages 48-50) was by the receipt of letters of inquiry from Maryland and Ohio. As the month grows older letters are coming in increasing numbers. I therefore ask space for a general answer covering the several inquiries.

1. The table is made by the Eureka Chair Company, Worcester, Massachusetts. It has stirrups, and an adjustable leaf which can be attacht to the end or to either side. It folds and can be conveyed in a buggy. I bought mine of Feick Brothers, 414 Wood street, this city. I believe some instrument dealer in each city carries it in stock.

For the instrument case address Max Wocher & Son, 21 and 23 W. Sixth street, Cincinnati, Ohio.

Doctor W. P. Agnew's address, is Donohoe Building, 1170 Market street, San Francisco. The price given is for the third edition, publisht in 1896. I have not heard of a later edition.

I make it an invariable rule not to treat any case without an examination by question, sight and touch. The first examination is made with patient on left side. Contrary to some authorities, I have the patient lie on the side on which the tumors to be treated are located; and all that can be strained outside are treated without a speculum. The more experience one has the less he uses a speculum.

As a rule, no preparation of patient is requisit. When necessary a light treatment is given, and the patient is instructed to evacuate the bowels thoroly before returning for next treatment, ten to fourteen days later. It is found annoying to have the bowels syringed under four hours before treatment.

When askt what my charges are for treating a case, reply is made that there is no fixt charge; every case of piles "stands on its own bottom;" and the charge varies as much as for repairing a watch or a wagon; it all depends upon the nature and number of treatments required. After examination, statement of the probable charge is made.

Beginners should err on the side of injecting too little rather than too much fluid. Be careful to avoid an overflow, as the carbolic acid burns. When it occurs, mop up with cotton dipt in vinegar; this I find as good as alcohol. Only when the parts are very sensitiv do I use cocain before injecting. While the treatment is necessarily routine, to be successful it must not be slipshod.

Doctor Agnew's formula is as follows:

℞

Plumbi acetatis.....
Sodii bibor.....āā ʒij
Glycerini (Price's)..... ʒj

M.—Let stand for twenty-four hours, or hasten the solution by gentle heat.

℞

Carbolic acid (Calvert's).....ʒj
(Crystals liquified by heat.)
Distilled water.....ʒij

To the latter ℞ add ʒvj of the former.

M. Sig.—Solution for hemorrhoids. Inject 5 to 20 drops.

All the ingredients should be c. p. Owing to the fact that Calvert's carbolic acid cannot be bought in less than pounds, I have not used it. That made by any reliable house answers well.

Because the time is short, this whole communication is more than ordinarily crude.

J. S. Dodds, M.D.

6212 Penn Avenue, Pittsburg, Pa.

The Treatment of Rectal Diseases by the Physician in General Practise.

Editor Medical World:—As so much has been said of late upon the above subject, I would like to add a few words. I have had practical experience both in general practise and as a specialist. The country is full of new secret remedies and methods of cure for the treatment of piles, each supposed to be better than any thing heretofore produced. As a matter of fact, as the Editor of this journal has said, "there is no secret about it." The base of all of these remedies for the radical cure by injection is carbolic acid, which may be disgnised in various combinations.

Any physician who will go to the

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trouble to study the matter and learn what form of hemorrhoids are suited to this method, can cure most cases. There are some conditions, however, that cause this disease to be entirely unsuited to this treatment. Briefly they are as follows: Where they are accompanied by a fissure or irritable ulcermany , times this little ulcer can not be seen by an inexperienced person, and the inflammation set up by the injection of carbolic acid is extremely painful. Then again, if the piles are highly irritated and the sphincter inclined to spasmodic contraction, an injection of carbolic acid under such conditions will many times be very painful and should not be attempted.

The cases suitable are those in the third or last stage of hemorrhoidal formation. Here the inflammatory process has generally ceast, and constant protrusion has caused the tumors to become indurated and hard and in a more or less passive condition, causing discomfort more because they protrude than because of pain or hemorrhage. Owing to the constant slipping out and in of the tumors, the sphincter has lost in most cases its irritable condition with the tendency to painful spasmodic contraction. Here but little pain will be felt, and the cure will be as satisfactory as tho done with the ligature.

To be sure, cases apparently not suitable for the injection method may be put in condition so that this treatment may be adopted, and thus but few will be found that will be absolutely beyond cure by this means. The preparatory treatment is too long to be given here, but I have taken pains to describe how this is done in my book, "The Office Treatment of Rectal Diseases."

As to the formula used, I have tried them all and believe nothing is better than a fifty per cent. solution of carbolic acid in glycerin and water; solutions much weaker should not be used, as they are apt to set up an inflammation which above all else is to be avoided; a fifty per cent. solution will cauterize everything with which it comes in contact, and *absolutely destroy it;* while weaker solutions will be carried by the capillaries to a large area, and ulceration, abscess and pain may result. It may also be carried thru the entire circulatory system and evidences of carbolic acid poisoning be observed. I have had this occur.

To describe the method of operating would I fear make this paper too long, but I wish to copy the following from my book:

Never inject piles that are inflamed or irritated. If they cannot be put in a quiescent state, use the ligature or clamp and cautery.

Never inject more than one large or two small tumors at once.

Always have the intestinal canal, and especially the colon, unloaded before operating, and then bind up the bowels for two or three days.

Never use a weaker solution of carbolic acid than fifty per cent. The object is to cauterize the tumor, and absolutely destroy it, and this requires the stronger solution. A weak solution will often set up an inflammation, something that should never occur.

Do not operate the second time until the soreness has disappeared from the first operation.

If the directions given in the preceding pages are followed carefully, a cure may be expected in all suitable cases, which will constitute a majority of those that come for treatment, but the remainder would better be operated upon by the ligature or clamp and cautery.

In this as in all minor operations, it is the attention to the technique and minor details that count for success or failure, and unless the physician is willing to take the trouble to give attention to these, he will not be successful, no matter what method he employs.

Use great care to not inject the fluid under the tumor instead of into it; otherwise complications may be expected.

Opiates as a rule are not needed, but should they be required give camphor and opium pill or morphin hypodermically, and make hot applications to the anal region; the pain as a general thing is of short duration and does not in any way interfere with the cure any more than it does in other methods of operating.

The odor that is often noticeable as the destroyed tumors come away is not the odor of slufing tissue, but is due to the admixture of intestinal gases with the broken down and disintegrating mass as it is being thrown off from the surface of the bowel

RUFUS D. MASON, M.D.

Omaha, Neb.

[Prof. of Rectal Surgery, in the John A. Creighton Medical College.]

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The Injection Treatment of Hernia.

Editor MEDICAL WORLD:—Altho it has been nearly two years since I contributed anything on the above subject to THE MEDICAL WORLD, I still receive letters for additional information from WORLD readers, which shows that physicians retain what they read, or that medical journals are read long after they were sent out.

My experience during the past two years has increast my faith in the value of the injection method; and I am more than ever convinced that it is destined to take a permanent and prominent place in the treatment of this distressing affliction.

The more experience I have, the more I realize that those who endeavor to administer it should study the subject carefully, and not look upon it as a "cure all," or that in order to secure favorable results it is only necessary to deposit the fluid into the external ring.

There are several points to be considered when employing this method, the neglect to observe any one of which may defeat the likelihood of a permanent cure being effected.

The principal measures required are: 1st, a proper fitting truss or support; 2d, a good irritant; 3d, placing the fluid at the right spot; 4th, development of the affected muscles to the greatest degree of resisting power possible.

The question is often askt, why is not this system employed more at the dispensaries? It was tried at one or more dispensaries in this city recently, with varying success. While some of those treated were cured, others were not, so that the results were only moderately successful. The method is not likely to be satisfactory at such institutions unless they also furnish trusses when needed, and have some one in attendance who is accustomed to fitting the same, as the majority of patients who apply to such places will not be wearing a suitable truss.

A gentleman just left my office who came over 150 miles to consult me regarding a hernia. He had received fifteen injections from a local surgeon, but the hernia was only slightly improved, altho the said physician had cured several worse cases by the same method. The patient was about five feet six inches in height and probably weighed over two hundred pounds. He wore a loose fitting elastic truss with a wide, thin, leather covered soft pad. The truss was too loose to be any practical support, and the hernia protruded thru the external ring when he was standing, and would come down into the scrotum from a slight cough. There was too much adipose tissue intervening to permit the exertion of sufficient pressure over the needed locality by any broad, thin pad. I put on a much narrower and deeper wooden pad, fastened the belt tighter, shortened the lower strap so as to throw greater pressure over the external ring and canal, then had the gentleman cough, but no pulsation could be detected, altho my finger was run well up under the pad from below. The failure to cure in this instance was most likely due to the truss as then worn.

I still use the following injections:

℞

Zinc sulf	gr. ij
Creasote	m. ij
Guaiacol	m. ij
Fld. ext. hamamelis	m. xxx
Glycerin	m. xxx

M. S.—Inject 2 to 3 minims once a week.

℞

Sulfocarbolate of zinc	grs. xv
Alcohol, 95 per cent.	℥j

M. Sig.—Inject 5 to 10 m.

The former is the stronger and better fluid for the average case, altho I frequently employ both, generally using the former first and finishing up with the latter when a cure is nearly complete.

Be careful in cases of inguinal hernia to diagnose correctly whether it be direct or indirect. If the latter, determin accurately the length of the canal and have the irritant reach the internal ring.

I am continually being more convinced that an indirect cause of inguinal hernia in a large percentage of cases is due to lax and flabby walls of those regions. While the said walls in persons who do considerable physicial labor are generally in fair condition, it is surprising how flabby they will frequently be found in carpenters, farmers, mechanics and the like. Probably in over half the cases that come under my observation, those parts are lax and non-resisting to pressure.

Where I formerly devoted all of my attention to curing the hernia, I now consider the condition of the affected muscles of first importance, and I endeavor to make them strong and firm when they are weak and atrophied.

When most patients apply for treatment much of the weakness is due to continued wearing of a truss, so that in many cases the

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structures are so weak and absorbed as to be almost devoid of resisting power as a retaining wall. This weakness can soon be greatly overcome by having the patient to massage those parts with the hands for about ten minutes daily. If the strengthening and developing process is needed, the muscles should first be gotten into good condition before any treatments are given.

C. FLETCHER SOUDER, M.D.
1418 Diamond street, Philadelphia.

Double Pneumonia at 65.—Fatal Rupture into Pleura.

Editor MEDICAL WORLD:—I would like to submit my experience of a week or two ago with a case of lobar pneumonia of both lungs. The patient, Wm. K., aged 65, had been a very severe drinker of alcoholics for many years, took sick the 10th of January; came to town the 12th, thought he could fight pneumonia off by taking a few drinks of whisky. When he got home he did not feel any better, but did not call a physician. On Tuesday the 14th, he was in town feeling very bad; went home with a little whisky. Wednesday he was in town but was so weak he thought he would see a doctor, but he did not, and went home with a neighbor, who had to carry the patient into the house. Still he did not call me until the next day at 11 a. m. I went as soon as I was called, and when I reacht the patient the following presented itself: Patient in a profound sweat, running from his head in streams, also from hands and arms; respiration 61 per minute, pulse 100, temperature 103½°; cyanotic. He was in a sitting posture in bed; could not lie down, as he could not breathe in that position. Complained of intense pain in base of both lungs. He was spitting a frothy substance every minute; and sputum, as in Dr. Chapman's patient, would "fly to pieces" before reaching the bottom of the pail he had at bed-side. Having learned a little of homeopathy during the discussion in WORLD a few months ago, I decided to try phosphorus on this man, but I gave a little more, probably, than the homos would, together, or rather alternately with nux vomica, ipecac, digitalis, and spt. ammon. aromat. every two hours. I also applied a coat of antiphlogistin, covering the whole thorax. Saw patient again at three o'clock p. m.; resting a little easier, but respirations were 60, temperature 101°. Saw patient at 10 p. m.; his condition was about the same as at 3 p. m. At 8 a. m. of the 18th, pulse 130, respirations 61, heart weaker, temp. 102°. I forgot to say that as soon as I saw patient first, I gave two five grain doses of calomel with bicarb. of soda, and that cleared him out well, as he had five operations of the bowels up to midnight of same day. I told family to let me know if any thing should develop before I got back at four p. m., but I was advised about 11 a. m. that death had closed the scene. Now, gentlemen, could I have done any more in this case to restore this man to health?

Case 2. Mr. W. had been ailing for ten weeks. Was under the care of another physician previous to my seeing him professionally. It appears that the other doctor could not make a satisfactory diagnosis in this case; had treated the man for several complaints: rheumatism with nervous prostration, kidney trouble, liver trouble, and on Sunday before I saw him on Monday, 27th of January, 1902, diagnost his case as aneurysm of the hepatic artery. I learned that during the subjectiv examination on the 16th of January he past a great deal of pus per rectum. Objectiv examination: no color whatever to skin; very emaciated; pulse 85; subnormal temp.; on percussion I found heart normal in size; normal condition of lungs; liver somewhat enlarged, with a tumor presenting itself right over gall bladder about the size of a goose egg, pushing itself up over the eighth, ninth and tenth costal cartilages; upon palpation there was a little fluctuation of tumor with a pulsating and rasping sensation transmitted to the hand.

Percussion gave a dull and flat sound. I then listened to the tumor, and there was a blowing sound over an area of about 3 by 5 inches, and strong pulsation all over tumor. I was askt what I could do for the patient. I said that I was of the opinion that the other doctor was right in his diagnosis, and that I could offer him nothing so far as medical treatment was concerned. I said that he might live for several months, and he might die inside of two weeks. They said they would like for me to prescribe for the patient, so I told them I would, but that I was doubtful of its being of any good to him. On the 29th, at 2 a. m., I was called post haste, and when I got to the room I saw patient being walkt across the room, as he said he could not lie down. As soon as I

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could get to him I endeavored to take his pulse, but could not feel any, and I saw his head drop. I told the attendant to put the patient on the bed, which he did, and in a few minutes the patient regained consciousness. I then examined him and found tumor gone. I began to give heart tonics by injection hypodermically, and the patient rested well for two hours, after stooling as soon as he regained consciousness. I examined him frequently to try and find out where the effusion had gone, but I could not for five or six hours. I finally found it in the right pleural cavity. I noticed about the same time that the patient was breathing faster than normal, and I askt him if he felt as tho something was pushing his lungs up, and he said yes, that he could not get a good, deep breath. His breath came faster and faster until he quit breathing, about 11 a. m., but the heart kept beating for four minutes after he quit breathing. Now what I would like to know is, was it aneurysm? or was it abscess of liver? As I look at it, if it was aneurism of hepatic artery he would have bled to death inside of ten minutes; but he lived nine hours after rupture. I could not hold a post mortem. What does the Editor think of it? also the brethern. J. A. COLBOURNE.

Ransom Ill.

[We do not think that any treatment would have saved your first case. It is a pity you could not have "posted" your second case. You should have striven hard to get the consent of the relativs, and you and the former attendant should have joined in making a post mortem.—Ed.]

Digitalis and Ergot in Pneumonia.

Editor MEDICAL WORLD:—When called to a case of pneumonia not advanced beyond the first stage, I usually begin the case with ½ grain of calomel every half hour or hour until the bowels move. I begin at once if patient is an adult with fld. ext. of ergot gtts. 20, tinc. digitalis gtts. 10, given every three hours. If the temperature is high, I usually order a sponge bath with cool or tepid water, as may be pleasant to the patient. After the bowels have moved, if fever keeps up and patient is nervous and restless, I give:

Dover's powder.....grs. ij to grs. iij
Salol.....grs. iij
Acetanilid.....grs. ij
Every three or four hours as indicated.

To this, if the patient has lived in a malarial district or has been the subject of malarial disease, I add one or two grains of quin. sulf.

The treatment I would stress is the ergot and digitalis. I have used this treatment nearly two years with better results than I ever obtained with any other in thirty years' practise. I have treated six or seven cases of pneumonia within the last two months, and have not had a case to reach the second stage of the disease. I have no theory to advance in regard to the curativ properties of ergot and digitalis in pneumonia. I simply know from experience that when these remedies are given together they cut short the disease in the first stage. Now, I do not undertake to say that these remedies will cure *every* case of pneumonia, for every physician of experience knows that many cases run a rapidly fatal course; but I do say in the face of all the authorities to the contrary, in my hands and experience digitalis and ergot given in the first stage of pneumonia cures most of my cases, and I as confidently look for a change for the better in twenty-four to forty-eight hours in every case as I would expect in a case of intermittent fever when quinin had been properly administered. Anders in his practise gives the experience of Petresce in treating pneumonia in the first stage with large doses of the infusion of digitalis leaves. His experience covers 1,192 cases and shows the surprisingly low mortality range of 1.22 per cent. to 2.66 per cent. "This plan of treatment," says Anders, "is rational, since it aims at meeting the chief pathogenic indication of pneumonia by passing thru the lung tissue an adequate proportion of leukocytes, and thus reestablishing the cardiopulmonary circulation." And he adds: "In the few instances in which I have adopted the plan it has failed to cut short the disease, tho the cases terminated favorably." Here we have authority for the digitalis, but I know of no author who combines the digitalis and ergot in the treatment of pneumonia. I trust the readers of your excellent journal will not pass judgment on this treatment until thay have tested its merits in actual practise. Then I trust they will give us their experience.

I read your journal with delight, and trust your kindly spirit will inspire the brethren of the many schools of practise to be willing to "live and let live."

Philpot, Ky. S. J. HARRIS, M.D.

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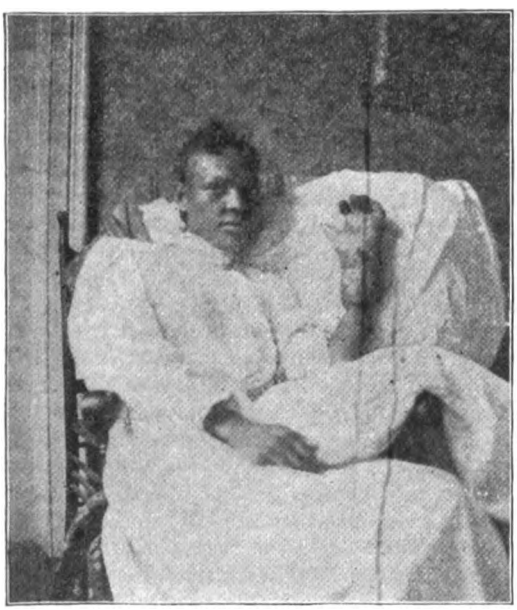
Pre-natal Maternal Impressions.

Editor MEDICAL WORLD:—Mrs. H., about thirty years of age, married, general health quite good. When born, there was a very tight constricted band of atrophied skin around the middle of the fore arm, leaving apparently no muscular tissues between this constricted band and the bones, tendons, blood vessels and the inter-osseous connectiv tissues. The arm above the constricted band is in every way normal; below, the tissues which naturally should be soft and pliable are very hard and unyielding, cartilaginous in appearance, and so much hypertrophied that this part of the fore-arm, wrist and hand are, in some places, at least twice the natural



circumference. The phalanges of all the fingers are much shorter than normal. The second are partly closed, and at nearly right angles with the first, and also with the hand. The third are entirely wanting on the index and middle fingers, which fingers are without any nails, and the ends look like stumps resulting from a first-class job of surgical amputation. The other two fingers and thumb have very short terminal phalanges, and are tipped with very short and quite thick nails. The rotary motion of the fore-arm is perfectly natural, but the carpal, carpo metacarpal and phalangeal articulations are almost ankylosed, having very little motion. Still, never having had any better hand to use, she has been able to perform nearly all kinds of ordinary housework.

Her mother supposes that this deformity was caused by the great sympathy she had for a beggar, who frequently called on her for aid while she was pregnant. This beggar had lost her hand as far as the thumb, and always showed it to those from whom she was begging, to make her begging more effectiv by creating sympathy; and further, to prove by showing it, that she was incapacitated for work. Her mother also about that time fell down three stone steps, by which fall she was badly injured; but she does not think that this fall had anything to do with the deformity of the hand and wrist of her prospectiv child.

Another case in a similar line: A pregnant patient of mine was one day looking into the street from her parlor window, when a pair of horses attached to a brewery wagon came tearing furiously along the street uncontroled by the driver, who was still upon the seat. When directly opposit, the wagon collided with an awning post, throwing the driver head first upon the curbstone. When he was pickt up she saw that a large patch of the scalp was completely torn from the back and partly to the left side of his head. The sight gave her a very severe shock, almost continually occupying her mind for several weeks. When her babe was borne at full term (about six months after) it had no scalp or bone on the same part of the head where the scalp was torn from the head of the driver, the meningeal covering of the brain being entirely external. The child died in a day or two.

Another: A woman had severe articular rheumatism of the hands, causing very great deformity and distress. Her daughter (who lived with her, and who was very solicitous regarding her mother's sufferings) became pregnant, and when her child was born at full term, its hands were almost an exact counterpart in shape and form as its grandmother's.

GEO. NICHOLS, M.D.

Brooklyn, N. Y.

It has been stated that no nicotine exists in tobacco smoke, because the nicotine is contained in a fixt salt and the heat destroys this salt. The latest researches prove that while the heat of the pipe or cigar is sufficient to liberate the nicotine, it cannot be intense enuf to destroy it completely. No reliable data are obtainable regarding the amount of nicotine which is absorbed by chewing the weed.

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No, It is Not His Death Knell.

Editor MEDICAL WORLD:—I have just read Doctor Rebman's item in this month's WORLD, page 63. I want to say to the Doctor, do not give up the ship. My mother died of tuberculosis at the age of thirty-five. At the age of thirty-three, I was a severe sufferer from the same. I am now in my sixty-seventh year. I had numerous hemorrhages, and it was out of the question for me to bundle sufficiently to keep warm riding in a buggy or cutter. So I procured a good saddle horse, and began riding on horse back in mid-winter when the sleighing was fine. I continued to so ride in a large country practise till the last of September. In this time I took three gallons of the best whisky I could procure, and have been well ever since, except bronchial irritation from colds. I would recommend the same to you, Doctor, but first of all do not say die. Put on a determined face and say, "I am not going to give up the ship." You need the open air and exercise without fatigue, and you will get it with a good saddle horse. Dress warm, and ride every day, storm or sunshine, and stay at home and enjoy life for at least thirty or forty years more. Remember, no drugs; but a good saddle horse, and whisky if you need it, and can use it as medicin, stopping its use as you would any remedy when it is not needed.

J. D. PETERS, M.D.

Grand Rapids, Mich.

To Doctor G. A. Rebman, of Wrightsville, Pa.:—Take all the exercise in the open air *that you can bear*, and live out of doors as much as possible.

Eat all the nourishing food, especially meats, fish, oysters, game and eggs, *that you can digest and assimilate.* Take a full dose of whisky with ten (10) grains of table salt in it an hour after every meal.

Tuberculosis is a disease of *malnutrition*; and this will cure it if taken in time.

Milford, Del. J. S. PRETTYMAN.

Cause of Death of Child.—Tennessee Climate for Consumption.

Editor MEDICAL WORLD:—Dr. J. H. Thorpe, of Utica, Ky., in February WORLD, page 60, askt: "Was the jaundice produced by the decomposition of child? or was the death, decomposition, etc. of child caused by the condition that produced the jaundice and fecal impaction?"

I am of the opinion that the death of the child was caused by the same conditions that produced the jaundice and fecal impaction; and that cause was innervation of the bowels. The bowels became relaxt and dilated, producing a supernormal condition of the absorbent vessels; the impacted feces generated a toxic poison, that was absorbed, carried into the circulation and manifested itself in the glands, swelling them up, especially the glands of the neck and the glands that are situated along the course of the biliary ducts; the obstruction in the biliary duct caused the absorption of bile into the general circulation, producing the jaundice. This opinion is drawn from observations of a similar case I saw three years ago. The lady was in her eighth month of pregnancy, when her husband informed me his wife was as yellow as a five dollar gold piece, and had been for ten days. I visited her, found her badly jaundiced and having labor pains; in two hours after I arrived she was delivered of a dead child, yellow as gold, and the skin would slip on touching it any place. There was practically no liquor amnii—not over two tablespoonfuls; and what little there was, was heavily charged with uric acid. Uterin douches of hot water and carbolic acid were ordered daily, the bowels were flusht with the same every day, Epsom salts and quinin were given t. i. d. Her skin cleared in six days. On the third day her left shoulder swelled up and was very painful; the inflammation involved the shoulder joint and deltoid muscle; plasters were applied and the serum drawn was found to contain uric acid; the inflammation subsided, an abscess was found on the deltoid which necessitated an incision and extraction of a piece of exfoliated bone three fourths of an inch wide, two and one-half inches long and as thick as a table knife blade. The incision healed, there was no ankylosis, and the lady made a good recovery.

I wish to say to Dr. G. A. Rebman, of Wrightsville, Pa. (page 63, February WORLD) that I am not in the hotel business and not interested in any resort; I am only a plain country doctor with a small farm; but I want to say to him not to give up the ghost, but come to Tennessee, to Houston or Humphreys County, and I will show him living witnesses, the men themselves, still alive and in good health, who came here having five and six

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hemorrhages from the lungs every day, and nothing but walking skeletons, who have gotten well, and nothing would induce them to leave here. Now Doctor this is a semitropical climate down in the Mississippi trough; if oxygen is what is needed and it is the heaviest gas, is it not reasonable to suppose, this being the lowest point between the Appalachian Mountains and the Rocky Mountains, that there is more of it here than most anywhere else? Doctor. come here for your health, but for God's sake don't come to practise medicin, for this is the poorest place to practise medicin you ever saw. This is the healthiest place I have ever seen, and I have traveled over several states. People live easier and work less than any place I ever saw. The country is very thinly settled; there are valleys and ridges, and there are no settlements scarcely only on the creeks. You can ride for miles over these ridges thru a dense forest with some game in them, enuf to give you exercise if you are a huntsman, and if no huntsman you surely can interest yourself with the finney tribe in the creeks, for the creeks are as clear as crystals and abound with game fish. We have numerous clear springs with pure lime water. This is a country that will grow anything if you should wish to farm or garden. Land is cheap; the uplands can be bought for three to five dollars per acre.

Doctor, come here and regain your health; you are too old to die with consumption; my observations are that the older one gets the less susceptible he is to the disease. Come into this balmy air. As a proof of my faith in what I say, I ask you to write to A. L. Hays, at Erin, Tenn. He is an Ohio man and came here a walking skeleton; a poor man when he came, but got well and made a fortune here manufacturing staves. I could refer you to other cases here, but will quit for fear the Editor will think I am in the real estate business and trying to dodge an adv. thru the WORLD. E. T. LEWIS, M.D.

Woolworth, Tennessee.

The Long Rectal Tube.

Editor MEDICAL WORLD:—The use of the long rectal tube for the administration of enemata is frequently recommended in text books and articles in medical journals. In the article on intestinal obstruction, Allbutt's System of Medicin, Vol. III, page 844, Treves says concerning diagnosis:

"In this method a flexible tube or sound is past into the rectum, and an attempt made to diagnose the seat of the obstruction by noting the distance to which the tube can be introduced. This procedure applies mainly to stenosis of the lower part of the colon; but as a means of diagnosis it is entirely valueless. In some cases the sound lodges early in its course against a fold of mucous membrane, and the diagnosis of an obstruction low down in the bowel is made accordingly. In other instances in stricture of the end of the sigmoid flexure, the tube may reach the upper extremity of the rectum and then turn upon itself, or become curled up in the rectal ampulla, until so much of it has been introduced that the whole of the colon from the splenic flexure downward has been pronounced free from obstruction. I have good reasons for doubting whether these rectal sounds ever go beyond the sigmoid flexure, reasons which are fully confirmed by experiments I have made upon the dead body. If the segment of the colon which forms the sigmoid flexure and the free part of the rectum be uncoiled, it will appear in the form of a large loop of intestin extending from the psoas muscle to the spot where the rectum becomes fixt, about opposit the middle of the sacrum. This loop has the outline of a capital omega, and is usually provided with an extensiv mesocolon. Occasionally this mesocolon is so long that the summit of the omega loop can be made to touch the cecum or to reach the level of the umbilicus. In some examples I have found this loop to be from eighteen to twenty inches in length. If the long tube be introduced into such a coil, its extremity may reach beyond the level of the umbilicus, and yet not have past beyond the sigmoid flexure."

Again on page 877 in speaking of the treatment of chronic intestinal obstruction by laxativs and enemas, he says:

"No advantage attends the use of the so-called long tube; this tube cannot be past beyond the sigmoid flexure, as I have many times demonstrated."

Since reading the above I have on a few occasions used the long tube, and after passing it the full length have inserted my finger into the rectum and found the tube curled up therein. If Treves is right, the use of the long rectal tube for diagnostic purposes is apt to prove misleading, and

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for therapeutic purposes is of no value. Have any of your readers good reasons for thinking Treves is wrong?

A. F. McKENZIE, M.D.

Monkton, Ont.

Unusual Intestinal Worms.

Editor MEDICAL WORLD:—Mr. J. W. brought his son 20 years of age to my office on the 26th day of April, 1901, stating that the son had been in ill health for the past three years, and on examination I found the son suffering under the following conditions: System greatly emaciated, very nervous, pulse 80 and very weak, temperature about normal, complexion sallow, dry skin, complained at times of severe griping pains on the right side of the abdomen below the liver and extending across the abdomen in the region of the umbilicus, toward the left side, bowels inflated with gas and very costiv, in fact, at times the bowels were so obstructed that it was almost impossible to get a purgativ medicin to act on them, and when this occurred the young man would have to be confined to his bed for a week or more, and hot fomentations applied to the seat of pain night and day. By careful manipulations a lump could be detected as large as an ordinary orange located on the right side at the junction of the ascending and transverse colon; this lump at times would descend as low as the cecum, it would remain in that locality for a considerable time, and then return again to the junction of the ascending and transverse colon. Taking into consideration the movements of the lump, the obstruction of the bowels, the irregular appetite, and the disturbed sleep by dreams at night, I arrived at the conclusion that the whole trouble in the young man's case was caused by worms of some sort, yet several surgeons were called in attendance on him during his confinement to bed, and they pronounced it appendicitis and wanted to operate upon him, but his father objected. Then I adopted the following treatment:

℞

Santonin	grs. vj
Hydrarg. submur.	grs. viij
Sachar. lac.	grs. xij

M.—Divide into No. iv powders.

Sig.—One to be taken night and morning in sweet milk.

This I found to be of no benefit.

Then I prescribed the following:

℞

Quinin sulf.	grs. xx
Bismuth. subnit.	℥j
Spts. ether. nit.	℥ss
Tr. quassiae.	℥j
Tr. cardomon. co.	℥ss
Tr. capsici	℥j
Creasoti	gtt x
Aquae	q.s. ad. ℥viij

M. Sig.—Teaspoonful to be taken in water 3 times a day before meals, and a tablet to be taken night and morning composed of aloin gr. ½, strychnin gr. $\frac{1}{60}$, belladonna gr. $\frac{1}{8}$, and cascara sagrada gr. ½.

Also an enema to be given every second or third morning two hours after breakfast, composed of a quart of the infusion of quassia with boracic acid 3j dissolved in it, and at times spirits of turpentine 3ij were added. The tablets and the enemas kept the bowels soluble, and when this treatment was continued for about two weeks the worms began to pass from the bowels in hundreds. His father said that his son at one sitting had past about a teacupful of worms, and two months after that he past again quite a large number of them, some of which I sent to you as a sample, but since I sent you the sample I have ascertained that these worms are found in different kinds of fruit, such as apples, pears, plums and peaches.

How did these worms locate in the large intestins and develop themselves? In order for the worms to locate so high up in the large bowel the young man when eating fruit must have swallowed pieces of fruit containing eggs or young worms, which passed thru the stomach undigested into the large bowel, and were developt there, as the acids of the stomach would have digested them and destroyed their vitality. Such fruits in a raw state containing eggs or worms are dangerous to be used by any person. I cannot comprehend why such a large quantity of worms located in the bowels so long a time had not perforated the walls of the bowels before their removal. Since the removal of the worms the lump has vanisht from the side; so have the pains; and the young man is gradually gaining his former health.

The physical appearance of the worms: black head and beak projecting forward and downward; worm is divided into two halves from above downward, like a pair of pliers; from half to an inch in length; body increases in size from head to the rear extremity; grooves and ridges surround the body at certain distances; body almost

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white and endowed with five or six legs on each side of the abdomen; they are very lively and activ travelers. I have kept a number of them alive in an eight ounce vial tightly corkt for one week. The above is a ruf outline of the young man's case. Should you see fit to publish it, do so; if not, consign it to the waste basket. R. MORROW, M.D., M.C.F.S.

Guelph, Ontario, Canada.

[We corresponded with the Doctor about this case after receiving samples of the worms. We suggested the use of quassia, by mouth and by rectum. We believe that quassia was the chief activ agent in his treatment, and that the cure was due to its use. This drug is very valuable (and inexpensiv), but much neglected. It is one of the best of the bitter tonics, and is at the same time inimical to parasite life. We suggest that you take this occasion to read it up in the books. In our early practise, we frequently served well and inexpensivly that large class of "no pay" patients that always flock to a young doctor, in the following way: When a tonic was required, and it usually was, a small package of quassia chips was given (cost almost nothing) with instructions to put part of the chips in a pint bottle, fill with water, and after setting over night its use can be begun. Take a wine-glassful before meals. Fill the bottle up occasionally with fresh water. When it begins to ferment, which it will do in a week or two, empty bottle and begin again with fresh chips. We are perhaps all familiar with the "tonic cup," which is filled with water at night, and the contents taken the next morning. A single cup will thus yield tonic properties for months, and perhaps for years; and because of this fact it is regarded as "magical" by the laity. These tonic cups are simply cups turned out of quassia wood.—ED.]

Obstetrical Matters.—Don't be in too Much of a Hurry, but Give Nature a Chance.

Editor MEDICAL WORLD:—THE WORLD is getting better (if possible) all the time. It is good from your editorials at the first to your Monthly Talks at the last, and all between. Especially has the discussion of pneumonia and scarlet fever in the last several numbers been instructiv, as we have had much of both in these parts recently.

Dr. Gonce's case, on page 16, Jan. 1902, WORLD, calls to mind one of my own experiences soon after I commenced practise, tho the ending was quite different. When I was called I found my patient apparently in labor; and she made just progress enuf to hold me there, especially as the family would not agree for me to leave. This continued for two days and nights, when I saw that the husband and friends were becoming restless; and I suggested they send for another M. D., which they did. The messenger was hardly gone when her pains became more regular and harder, and by the time the doctor arrived she had made such progress that I felt sure labor would soon be terminated. When he came I met him and told him the condition, and askt him to make an examination, which he did, and after a hasty consultation, he said all was right; and for me to go ahead with the case, which I did, and the labor was soon over; and he took charge of the babe while I gave my attention to the mother. Now, this doctor had it in his power to have "quilled her" and shelved me, but he was a regular "corn fed" M. D., as well as a gentleman; so the husband paid me more than I askt, and I continued to do his practise.

Now, a few words on Dr. McGilliorway's version case, page 60, February, 1902, WORLD. I regard his treatment of the case much more "unusual" than the case itself. The os was too high to determin "whether head or breach presented." Being sure of one, why trouble as to which? In that particular case, as the sequel shows, the breach would perhaps have been best. "The long axis of womb deflected to left." Why "put on bandage?" Could you not have brought it back much easier with the hands? Why "put her in knee-chest position," to continue "gliding movements over uterus?" But when the head presented, why dilate the os before the sack of water had even formed to help dilate? But now he does the most rational thing of all, and just what I have been so anxious for him to do all the time, "waited for results." But without going further, I wish to say that one is hardly justifiable in all this procedure because a woman has been in labor five hours, with os dilated to the size of half dollars and not force enuf to the pains to form a sack of water, even if the presenting points can not be reacht. But "all is well that ends well," and as he came out all right, we congratulate the Doctor. As I did on page 16, January, 1901, WORLD,

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I wish to emphasize the fact that some are too hasty to interfere with nature and use the forceps. Give nature a chance. To illustrate my point and show how different cases work, I will very briefly mention two recent cases:

On January 27th I was called to Mrs. A., 24 years, mother of two children. She said her water was passing a little at a time, but that she had no pains. Being near by, I soon left, telling husband to come for me when pains came on. Early that night he came for me. Found her having pains, and on examination found head presenting, os size of half dollar, and thought labor would soon end. Stayed half the night and pains stopt, and she went to sleep. I came home, with instructions to call when pains returned. I dropt in to see her occasionally, but gave attention to my other patients till about noon January 31st, when I was called back, and the boy was born about 3 p. m.

I was called to Mrs. R., twenty-one years old, mother of three children, at 2 a. m., February 7th. She told me that her pains awoke her at 1.15, and her nine pound boy was born at 3.15. Both mothers and boys are now (February 10) doing well. I write this to impress upon the younger doctors (the older ones will do as they please) who read THE WORLD, not to be in too much haste to interfere with the regular course of labor, but give nature a chance to do her work, and with our help in the right way, she will nearly always do it better than we can.

Ashburn, Tenn. H. S. TAYLOR, M.D.

Unbroken Amniotic Sac with Contents Delivered.

Editor MEDICAL WORLD:—I was called to see Mrs. A., in confinement. The os uteri was patulous; dilatation about one inch. Pains regular at intervals of five to eight minutes. In about thirty minutes I examined and found the os much dilated, with the sack well in advance of the head. I made no effort to rupture the distended amniotic membrane. I supported the perineum with one hand and at the same time used all the traction possible with the other thumb and fingers, the sac being very elastic and tuf. It remained intact until expelled, and I removed it from the bed to the table. I opened the sac and found a full developt child alive, placenta, etc. I ligated the cord and proceeded to resuscitate. In a few minutes breathing was establisht. The child is now living, and is a strong, healthy child.

Indianapolis, Ind. W. V. TOLLEY, M.D.

Birth With a Single Pain.

Editor MEDICAL WORLD:—I was called on morning of January 31, 1902, to see Mrs. H.; found her, as she thought, in labor. Os was dilated to size of quarter dollar, but she said she was having no pains, but simply a drawing sensation of uterin muscles. She continued to have these contractions until 11 p.m., when the waters broke and a 9½ pound boy was born *with one pain*. Of several hundred cases, I have never before had one like this.

I have had good success with calcium sulfid in aborting crops of boils.

Of five medical journals I take, I would rather give up all the others than THE WORLD. I read it straight thru, advertisements and all. M. L. DALTON, M.D.

Floyd, Va.

Impregnation.

Editor MEDICAL WORLD:—The monistic theory is that the male is the potent factor, and the female is a storehouse of nutriment; as opposed to the dualistic theory that the ovum is the potent factor, which is imprest by a spiritual essence thru contact with the male element. In fact the male cell is a living thing that has all the potentiality of a perfected being if given a proper environment. The female is such environment, as to temperature, moisture and nutriment. The ovum, the placental circulation, and the lacteal secretion are alike instrumentalities for the nourishment of the developing offspring.

818 Van Ness Ave., San Francisco, Cal. JOHN F. WETZEL, M.D.

The Effect of Mercury on the Unborn.

Editor MEDICAL WORLD:—My attention is attracted especially by Dr. Thorpe's question (pages 59 and 60, February WORLD: "What was the Cause of the Miscarriage?" I have been practising medicin and surgery for twenty-seven years, and I have observed during that time numerous confirmations of Stille's assertions that *mercury is fatal to fetal life.* "The eggs of crickets will not hatch near it. Hen's eggs put to hatch over mercury remained undevelopt, and chicks already in the eggs died." Heller, of Vienna, reported two cases of pregnant women who aborted from mercurial inunction. *In*

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both cases mercury was detected in the bodies of the children. The whole population of Idria, where the ores of mercury are smelted, are subjected to the influence of the emanations. Mortality one in forty. *Premature births* and *abortions* are common.

* * * Marriages among male and female operativs are productiv of *vastly more abortions, stillbirths* and feeble children which seldom arrive at maturity than those engaged in other pursuits..

Colson in his "Action of Mercury on the Uterus," says: "In not a few instances it has occasioned menorrhagia, and in *pregnant females miscarriage.* See "Calomel," page 753, Stille's Therapeutics and Mat. Med., vol. 2. On same page: "Lize concluded that the constitutional action of mercury upon a *husband alone*, or upon a *wife alone*, or upon both together, very commonly results in *miscarriage, stillbirth*, or the *premature death* of the infant." On same page: "*Females are more susceptible than males*, and adults more so than children, generally."

There is, no doubt, a toleration of mercurials by pregnant syphilitics.

Only about four months ago I gave two or three one-fourth grain calomel tablets to a woman whom I did not suspect of pregnancy, as her husband was away, and I had enuf to do to prevent her from aborting. My letter is too long already, but if I have succeeded in suggesting to our brethren that mercury is *often fatal to the unborn*, I am content.

I use mercurials, and not exclusivly on syphilitics; but *never* knowingly on a pregnant woman.

GARRETT MURPHY, M.D.

Garden City, Minn.

Lump on Baby's Neck.

Editor MEDICAL WORLD:—A nine day female infant, delivered by a midwife, normal labor except some strangulation from cord around neck. After delivery a swelling over back of neck was noticed, about size of a baby fist. Swelling gone next morning. Baby normal in all respects. On third night afterward baby cried severely for one or two hours, and they noticed the same swelling come back, but occupying now the region between the sterno-mastoids anteriorly, and larger on right than left side. Swelling perfectly elastic, compressible, not painful, is not fluid, and increases slightly on holding breath and while crying. If parents rub the swelling thoroly it seems to diminish for time being. This is my first case of this sort and I am at a loss. Baby eats, sleeps, and in all other respects acts like a healthy child. L. R. BARSTOW.

Quincy, Ill.

Homeopathic Treatment of Scarlatina.

Editor MEDICAL WORLD:—Referring to the case mentioned in my article in Jan. WORLD, pages 8 to 10, I am askt, "What preparation of arsenic was used? also how the dilution is made, and what was the dose given (by weight or measure)"? In reply I would say: The remedy used by homeopaths called arsenic is always "arsenicum album" (arsenicus acid). The strong solution (which corresponds in strength with the mother tinctures of vegetable substances) is, I think, of the same strength as Fowler's solution of the arsenite of potash. To make the first centesimal dilution, one drop of this is mixt with 99 of water or of alcohol (pure). The second centesimal dilution is made by adding 99 drops of alcohol or water to a drop of the first centesimal dilution, etc., etc. These dilutions (or sugar pellets moistened with the alcoholic dilution) are carried by the homeopathic physician to dispense. A few drops or a few pellets are disolved in a part of a glass of water, a teaspoonful to be given *minutes* or *hours* apart, according to the urgency of the symptoms; not for the *quantitativ*; but for the *qualitativ* effect. I have never tried to calculate the quantity of arsenic in the 9th or in the 30th dilution, or to ascertain where or at what point the divisibility of matter ends. Remedies are given in gross quantities for their physiological effect. These effects or symptoms are observed and carefully recorded, and make what we call our *provings* of remedies, and constitute our materia medica. When we meet a case where the symptoms or expressions of the disease or malady correspond in general and particular, with such recorded proving, we give the said remedy in a diluted form—not for its physiological but for its *dynamic* effect—which effect is not only to remove the symptoms, but to remove or to cure the *cause* of the symptoms. And (so different from traditional medication!) when the symptoms which dictate the medicin are removed, the medicin is suspended—to be renewed if symptoms return. I trust the Doctor will not give arsenic to a case of

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scarlatina unless the *recorded symptoms dictate* the *remedy*; otherwise it can but do harm. Those who insist upon treating this disease *per se* should use belladonna, as it represents a very great majority of the cases—nearly all in the first stage and more than half requiring nothing more in my own clinical experience. Hepar sulfur follows this remedy beautifully when there is a tendency to suppuration of the parotids. If the Doctor will take the trouble to read the pathogenesis of belladonna, he will see how beautifully it corresponds with the first stage of scarlatina. The headache, flusht face, brilliant eyes (sensitiv to light), dry, red and swollen throat, nausea and vomiting, flusht and red skin—all symptoms aggravated in the early evening. As sure as the sun rises and sets, belladonna in small enuf doses will relieve these symptoms, because it is the law. Belladonna given low will aggravate them, as I have verified in many instances I have learned not to give it lower than the 200 cent. This dilution or potency does such beautiful work for children that I find nothing wanting in it. Our regular brethren can test homeopathy in these cases. I hope they will do so and report results. In doing so they must be particular to withhold all other medicins, not giving "just a small anodyne to make them sleep" or "just a little oil for the bowels, which can't interfere with the medicin," etc., etc. I trust the indicated remedy entirely and am not disappointed.

Those who earnestly desire to know something of homeopathy and of homeopathic remedies may very conveniently do so by getting a series of short and concise articles publisht by a Boston firm, and sold by Boericke & Tafel, at 11 West 42nd street, New York City. The price, I think, is 25 cents. J. C. WHITE, M.D.

Port Chester, N. Y.

Editor MEDICAL WORLD:—When the regular colleges have a chair for *Similia*, with a professor who is a master and can teach it as it should be taught, then will the homeopathic colleges cease to be—there will be but one school, tho individuals will probably differ on many points as is, has been, and always will be.

W. H. FREEMAN, M.D.

Brooklyn, N. Y.

Solmann states that the various volatil oils are valuable in hysteria.

Dr. Manning's Test Case.

Editor MEDICAL WORLD:—Relativ to the test case of Dr. Manning (February WORLD, page 67), I would state that I would give quinin to complete cinchonism, and to accomplish this as speedily as possible, I would give him ten grains hypodermically instanter. Then to continue the cinchonism for at least thirty-six hours I would give it internally, if retained; and if not by enema. When the patient comes out of this collapse will be soon enuf to theorize and deliver fine spun dissertations on scientific medicin. Every other remedy with which I am acquainted, as related to the treatment of this case, is as trash compared with the salts of cinchona. Furthermore, I desire to state, while on this subject, that there is not a living man, according to my opinion, who can tell that a given case of acute malarial poisoning, whether intermittent or remittent, whether seemingly mild or severe, may not degenerate into the same condition as the case under consideration, on the second or third paroxysm. Also I desire to state that pernicious fever does not manifest itself in any case during the first paroxysm. Then, according to my opinion, Dr. Kendrick's second case is merging into the same condition as Dr. Manning's case; and his first case may, for all that anyone can tell, do the same, at its next paroxysm. Then, gentlemen, what is our duty in the premises? Is it not to arrest the paroxysms of all these cases at the very threshhold? If Dr. Manning has correctly described his case, I am fearful that his patient has had a return of the paroxysms once too often. Some who read this may conclude that it is very dogmatic and unscientific. Be it so. I would rather prescribe unscientifically and have a living patient, than to prescribe very scientifically and have a dead patient.

Danville, Ind. W. J. HOADLY, M.D.

Editor MEDICAL WORLD:—Please send me THE WORLD for another year, check inclosed. I am a homeopath. Have never seen a case like Dr. Manning's, but suppose he has described one of those rapidly fatal cases of cholera. At any rate, the doctor has given us a perfect picture of a remedy which, it seems to me, every homeopath would immediately prescribe, whatever might have produced the condition. That remedy is camphor, and given in one to two drop doses of the tincture,

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beginning every five minutes, aided by general measures for improving circulation and temperature, ought to save his patient.

Bradford, Vt. ERDI T. SMITH, JR., M.D.

Editor MEDICAL WORLD:—Referring to the test case of Dr. Manning in the February WORLD, page 67, I would state that it is difficult to believe that the Doctor has not had some homeopathic training, so well has he given the symptoms. I would prescribe arsenicum in the cm. potency, one dose each hour until improvement is apparent, then stop remedy so long as improvement continues. When improvement stops, repeat the dose. During convalescence some other remedy may be indicated, but a new symptom picture must be noted before such can be determined.

W. D. GORTON, M.D.

Austin, Texas.

A Public Health Department, and Free Medical Attendance.

Editor MEDICAL WORLD:—The United States, to be the strongest and the best nation, must be the healthiest. A weak and sickly people cannot long survive as a nation, or lead in the great procession of the world's progress. The ancient Spartans understood this and took every precaution to insure strong men and healthy women.

Since this is true, and we as a people and a nation are trying in every way to improve ourselves and lead in the onward march of civilization, would it not be well for the Government to look after the health of its private citizens as well as its soldiers?

From the private citizens are drawn not only its soldiers, but also its President, members of the cabinet, all its law-making bodies and executiv members. These should be not only strong and healthy, but their surroundings and environments should be made favorable to the maintainance of the best possible health. A Health Department would be perhaps the most complex of any department. It would have to be divided into dozens of parts, yet all these parts must be operated as a whole. It would require chemists, druggists, microscopists, bacteriologists, doctors and specialists, all working together as one man. This can not be without being a part of the Government, each member of the department having the authority of a public officer to enforce quarantine, vaccination and such requirements where one man violating them would endanger others.

The trusts and other great industrial and commercial combinations of to day have clearly demonstrated that private individuals can not successfully or economically carry on such a gigantic enterprise. The object of trusts and combines has not been so much to lessen competition as to lessen the cost of production, by taking out the many extra wheels it took to run the numerous small concerns, and to lessen friction at all points. While doctors have made great progress in all branches of medical knowledge, and have lifted the healing art to almost an exact science in most of its branches, they have not kept up in organization. Where else can be found anything like the number of extra wheels and the amount of friction as among the maintainers of the public health? All the healers, patent medicin men and all the isms and pathies are clast together with the physician, and the conglomeration is termed "the doctors." Is it to be wondered at, then, that the physician is losing his time honored prestige and dignity, and is now greeted by his patients with "hello doc!"

We should have a Secretary of Health in the President's cabinet, and all physicians, druggists and co-workers (or whatever number of them are necessary), after standing a competitiv examination, should be placed in the civil service and paid by the state or Government. In other words, we should have a system of free medical attendance, the same as we have the free school system to day, only the system should include free medicin.

Every argument that is used in favor of the public free school system can be used in favor of free medical attendance, and all objections to it can be met more easily than those against the free school system. About the only objection ever made against the free schools was that it was unjust to tax one man to educate the children of another, which was partly true. But even this cannot be offered as an objection to free medical attendance, for there is not a man so rich or independent, or so strong and healthy, that he does not need the constant care, not of a physician, but of the whole free health department of the Government to keep back the invading army of germs and disease. And there is no one, when he comes to grapple with the

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grim monster, Death, who would not welcome the assisting or staying hand of the physician.

The Government, by specializing and systematizing the whole field, and bringing physicians, surgeons, druggists, chemists, pathologists, bacteriologists, workers and investigators together as one great whole, and maintaining experiment stations and establishing a rigid system of quarantine, could stamp out nearly if not all contagious diseases.

There would be no need of taking the census every ten years, as we would have it every year; besides, we would soon have a complete table of statistics of every disease or ailment of the country.

A person, when he is sick, becomes not only non-productiv in the body politic, or body economic, but a burden as well. Death and disease are enemies of our people and of our Government. Why not fight them by combined efforts? Free medical attendance and medicin would be a specific for the patent medicin evil. It would not cost one-tenth as much as the people are now paying to the conglomeration they call "the doctors." The war tax Congress is about to repeal would be enuf to give the people better service than they are receiving to-day. There is not a single person that the tax would hurt, not one but what it would benefit. I am in earnest about this question, and would like for the WORLD family not only to discuss it, but to get together and do something in regard to it. Perhaps it would not be asking too much of our worthy Editor, that he give us a "Monthly Talk" on it.

Sherrard, W. Va, T. B. Cox, M.D.

[You are all citizens and voters. You all have representativs in Congress. Did you ever think of the importance of *using* your representativ in Congress? He is *your* representativ. See that he *represents* you. Write your views to him and ask him, as your representativ, to push and support them. If he does not do so, see that a man is elected from your district the next time who will represent you. But don't expect him to represent you in this or any other matter if you keep quiet. Congressmen cannot be expected to be mind readers. You must *make your wishes known*. The great financial interests, the protected interests, etc., do not hesitate to influence congressmen in their behalf, by all the arts known, and by pressure if necessary. The doctors cannot expect anything without working for it, just as others do.—ED]

Treatment of Erysipelas.

Editor MEDICAL WORLD:—You ask for treatment of erysipelas. Here is *the* treatment in a nutshell:

1. Paint inflamed area and all area within two or three inches with pure ichthyol; reapply every two to eight hours, letting it remain.

2. Give one-twentieth grain pilocarpin in hot water every hour, unless the patient is very weak, when a smaller dose may be used or, ammonium acetate substituted, until perspiring freely.

3. Give strychnin arsenate one-sixty-seventh grain every two hours, as a supporting treatment.

4. Ten grains of calomel at the first call, followed by sodium phosphate 3j every hour until bowels are thoroly acted upon.

5. Quinin and calcium sulfid may reinforce the above, and the patient will be all right in from three to ten days.

Books have been written upon the treatment of erysipelas, but with the above five points at our command, they may as well rest quietly in the rubbish heap of oblivion.

Los Banos, Cal. C. E. BOYNTON, M.D.

Dr. G. H. Franklin, of Hightstown, N. J., writes: "My treatment for erysipelas is aconite, belladonna, quinin and iron as indicated. Always locally ichthyol ointment 33 per cent. In one case I tried jaborandi, but was not pleased with its effects."

Those who find this paragraph markt with a blue pencil, kindly consider this a personal communication, and kindly keep this in sight until the accompanying statement has received attention,

Have been a member of the WORLD family for a great many years, and would just as willingly pay $2 per year as $1, were it necessary.—W. S. Hickman, Georgetown, Cal.

Inclosed find $3 for WORLD for the next four years. I have for many years admired your independence and originality.—Dr. M. D. Goodyear, Groton, N. Y.

I can do without any of my other journals better than THE WORLD.—E. L. Lawrence, M.D., Tindall, Va.

This makes the fifteenth consecutiv year I have been a subscriber; perhaps there may be a few others who can claim as long a membership. I find the fourteen volumes valuable reference books.—M. McMahon, M.D., Niantic, Illinois.

Inclosed find $1.00 bill for which kindly send WORLD another year. Am taking several journals, among them one of the weekly journals at $5 per annum, but I wish to say that I get more genuin, good, solid benefit from THE WORLD than all the others combined, the above mentioned weekly included.—Glenn E. Mershon, M.D., Mt. Carroll, Illinois.

THE WORLD has always been my especial favorit. It is not publisht for the purpose of puffing a list of medicins in which it is pecuniarily interested. It is astonishing to see what a large number of doctors will send their queries to journals that invariably dish them up prescriptions, the most prominent part of which is one or more proprietary medicins in the sale of which "ye editor" is very earnestly interested. If I *had* to pursue that course, I *could not* feel that I was practising medicin.

Hugo, Ill. A. C. WILLIAMS.

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Lucotherapy.

Editor MEDICAL WORLD:—I have had hundreds of letters from your readers in which they ask for more details regarding the "therapeutic action of light." With your kind permission, I will answer thru THE WORLD, then every body will see it, for every one reads THE WORLD.

I have used many forms of lamps and many different degrees of vibratory force. From observations extending over a long period of continuous investigation, I am fully persuaded that all rays from the sun, the electric arc, and the incandescent lamp are capable, under proper conditions, of destroying pathogenic germs; and that *the difference in the germ destroying power is equal to the difference in the sums of the vibratory forces employed.*

The brilliant achievements of Finsen of Copenhagen, were accomplisht by the use of the actinic, or chemical rays. Thru a mixture of sulfate of copper and ammonia contained in a hollow lens, he past the rays from an electric arc. This mixture permitted the actinic rays to pass freely, while the luminous and heat rays were largely excluded. This was done with the idea that the germs were destroyed by the chemical action of the chemical, or actinic rays. These experiments proved that the actinic rays were capable of destroying certain pathogenic germs, but they did not prove that other rays would not do as much or more. In fact the results of experiments which I have laid before you have demonstrated that professor Finsen's was but a beginning; admittedly an excellent one. (See MEDICAL WORLD, Vol. xix, No. 12, p. 520, et seq.)

These actinic rays are simply vibrations too rapid to affect the eye, and are convertible into visible rays, and in therapeutics must be treated as any other vibratory force. It will thus be seen that the Professor loses much of the germ destroying power by excluding the heat and luminous rays. There are many reasons for not doing so, and no one reason for such a procedure. In the first place, it is much easier to use the combined rays—the entire destructiv force; its range of application is vastly greater; lastly, the results are incomparably more important. Until some of these objections can be overcome, I can see no good reason for excluding the luminous and heat rays. Practically, the question is not worth arguing, since the combined rays furnish the full effects of any one, plus the forces exerted by the others.

Different germs require different degrees of vibratory force for their destruction. The farmer's wife can tell you that a severe thunder-storm will destroy the chicks in the shell, even after they are well formed, and that the germs in the egg of the turkey and goose are more easily affected than the germs in the egg of the barnyard hen.

In the production of these vibratory forces I have used a large number of lamps and condensers. I am now using but two, 300 candle power and the 500 candle power incandescent. The heat generated by these lamps is great, and I found it difficult to secure a practical mounting. Either the condenser-hood must be well ventilated, or the mounting must be in open work, so as to prevent burning out the connections, short circuiting, breaking, etc. Then there was difficulty in getting the combination so it could be easily applied. It must be mounted with a ball and socket joint, upon a flexible arm, with an adjustable counter-balance. The Washington Lamp and Fixture Co., of Seattle, Wash., have devised an apparatus which fully meets the requirements. In this, the 300 candle power and the 500 candle power are interchangeable.

In most cases the condenser should be focust so as to produce 350° (F.) of heat at the points of contact with the skin. This may be increast to 400° (F.) as the case may require. For cancer of the mammary glands, lupus, pneumonia, puerperal peritonitis, appendicitis, oophoritis—acute and chronic, many forms of consumption, epithelioma, and all forms of skin diseases which have a tubercular origin, hepatitis—acute and chronic, pleurisy—acute and chronic, rheumatic arthritis, dysmenorrhea (when caused by endometritis), pertussis, bronchitis—catarrhal or tubercular, etc., rays producing 350° (F.) will be found quite sufficient. These rays are not a "cure all," but they are germ destroyers of the first magnitude.

I desire to call especial attention to the action of light in the treatment of dysmenorrhea, so frequently met with in young girls, and which is caused by endometritis. In these cases the relief is almost instantaneous, and the cure is permanent. Also, in puerperal peritonitis, its action is simply ideal. If resorted to early, it

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requires but thirty minutes to complete a cure. Treatments should be continued until the disappearance of all tenderness.

Lucotherapy opens up to the practitioner "new heavens and a new earth;" it is also new and interesting. Take, for instance, the destruction of cancer. When the light is applied it does not skrink in size from all sides, but melts away from the surface where the light strikes, as ice would if heat were applied to one side only. In this way it becomes thinner and thinner, until it finally breaks up into small indurated masses and disappears; and the battle is won. And what a battle! In this case the attacking germ is an ameba—a large sporulating protozoon—armed with long necks or pseudopods, having sucker extremities. With these he penetrates the cell walls and devours the contents, and after emptying it, he moves in and makes himself at home. Here he reaches maturity, increasing by mitosis and sporulation, and soon becomes formidable. Meantime the neighboring tissue cells have become greatly alarmed and very activ. They increase enormously in size and numbers and work incessantly chitinizing — hardening — their walls, for the double purpose of defence, and with a view of walling in the enemy, so as to accomplish his destruction by starvation. This accounts for the peculiar hardness which characterizes cancerous tumors. And now a general massacre begins—microscopic tho it be—of most thrilling interest. Innumerable hosts of relentless besiegers occupy every point of vantage. Myriads of pseudopodiæ attack the defences, carrying every thing before them. The strongest chitinized walls give way and the fortresses are laid waste. Now massacre runs riot. Countless millions of delicate cells are killed and devoured by the victorious monsters. In the debris of mangled forms and broken walls, leukocytes—scavengers of the field—appear and join in the sickening feast. The mass softens in the center, opens, and the ulcerativ stage is inaugurated. This is not an overdrawn picture of cancer.

It is increasing more rapidly than any other serious disease. In England and Wales it has increast five hundred per cent. in the last fifty years. In 1899, Roswell Park declared that if the death rate from cancer continued as it had in the past ten years, that in 1909 the deaths from cancer would exceed that of consumption, typhoid fever and small pox combined.

The remedy is *quarantine* and the use of *light rays*. Let every medical journal demand quarantine; let the secular press demand quarantine; let every physician demand quarantine and keep it before the people until the relief is granted. "There is a case of small pox in town. Hang out the yellow flag and post guards at the door until the pathological offense can be removed to the pest-house; then fumigate, burn sulfur, cleanse." "But what ails that man who removed the patient to the pest-house and who is doing the fumigating?" "Oh! the poor fellow has cancer." Could any thing be more sublimely, pitifully imbecil?

THE MEDICAL WORLD is read by many thousands. Why should it not raise the cry at once? Then let every one of its readers constitute himself a committee of one, whose duty it is to demand quarantine against cancer.

Seattle, Wash. CORYDON E. ROGERS.

[We do not see how the skin can stand 350° of heat. Dr. Finsen excludes the heat rays in order to get the chemical rays (which he claims are the curativ rays) without the extreme heat generated. The extreme heat that Dr. Rogers permits, would, it seems to us, account for the destruction of the tissues by *heat* rather than light.—ED.]

Heart on Right Side.

Editor MEDICAL WORLD:—A veteran soldier of the war of the rebellion came before the Board of U. S. Examining Surgeons at Bloomington, Illinois, sometime ago with a heart unusually situated. The man was fifty-eight years old, weighed 150 pounds, was 5 feet and 7¾ inches in height, and was a carpenter by trade. He complained of chronic rheumatism, disease of the digestiv organs, abdominal hernia, injury to back, fracture of both of the bones of the left leg halfway between the knee and ankle, and general debility. The injury to back occurred twenty-two years ago, and the fracture fifteen years ago. He was thin in flesh and had not done any hard manual labor regularly for several years.

Heart: The apex impulse was plainly evident to inspection and palpation in the fifth intercostal space one inch to the left of a vertical nipple-line on the *right* side. Area of cardiac dulness normal, rhythm

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regular, action and sounds of heart normal, no murmurs, edema, cyanosis or dyspnea. The only thing peculiar or abnormal about the heart was its unnatural position. He does not complain of his heart and never has. He did not know that there was anything unnatural or unusual in the situation of his heart until the pension board informed him.

In this case the apex of the heart is transposed to the right side and the base of the heart to the left side. The normal position of the heart is simply reversed. The structure and function of the heart are normal.

Is this the only case of the kind on record? Is there another case like it in the "world?" In more than forty years as a student and practitioner of medicin I have never read or heard of such a case as this one. On account of its rarity I report it thinking it may be of interest to your many readers.

I have been a reader of THE MEDICAL WORLD for seven years, and I hope to be for several years to come. It is just the journal for a busy, up-to-date doctor. I like the pointed, crispy, critical debates, reports and letters. Some of your correspondents do not condense enuf; their letters are "too long drawn out." I like a short meaty letter and report. Some of these long letters and reports could be abridged one-half without leaving out a single fact or principle.

Bloomington, Ill. JEHU LITTLE, M.D.
Sec'y Board U. S. Examining Surgeons.

[Yes, Doctor, a similar case was reported in our columns some years ago—evidently before you found THE WORLD. Thanks for criticism. We boil down considerably before sending communications to printer, and some complain of it—but that don't make any difference. Frequently we desist from too much abridgment in order to preserve individual forms of expression.—ED.]

Diabetes as a Cause of Pruritus.—Castration Among Squirrels.

Editor MEDICAL WORLD:—In the case of N. B., Canada, (see February WORLD, page 71) I would suggest that he test the urin for sugar. In a recent case which presented exactly the same symptoms as those described by N. B., I examined the urin and found it loaded with sugar, and treatment for diabetes, together with proper diet, has cured the pruritus.

The question of castration among squirrels is an old one, and the fact is as well known among those who are familiar with the little surgeons, as is anything with regard to their habits. Dr. Burnett has given some facts (if facts they be) which I did not know, altho I have seen and known much of squirrels for nearly sixty years.

In the early settlement of western Michigan, the unbroken woods were literally swarmed with black, gray, fox, and red squirrels; the little red variety, however, being, at first, much scarcer than the larger varieties. I have observed them much, and shot them probably by thousands. I have never seen the castration act performed by those of the same species, either male or female. But I have witnest the castration of the black and the gray kinds, by the spryer little red fellows, very often. The black and gray varieties are now practically extinct in western Michigan, while the red squirrel "holds the fort" in vastly increast numbers. I believe that I have the best of evidence that the larger species have been mostly "amalgamated" out of existence, because all grades of "crosses" were frequently found during the decadence of black and gray, and the increase of the red squirrel.

Lakeview, Mich. J. T. JOSLIN, M.D.

Editor MEDICAL WORLD:—Referring to Dr. Burnett's article on castration of squirrels in the February number, I will state that during my boyhood days, which were spent in western New York, I was taught that red squirrels castrated black squirrels when fighting. This peculiarity of animal warfare was a well-known fact in that section. I mention it merely by way of confirmation of Dr. Burnett's statement. Personally, I believe it is done in anger rather than from the reason that Dr. B. alleges. It does not seem probable that the squirrel would know the result of castration.

WM. D. GORTON, M.D.

Austin, Texas.

Editor MEDICAL WORLD:—You need not doubt Dr. J. A. Burnett's assertion that squirrels castrate each other. Go down to the market-house and ask any dealer in squirrels to let you examin his lot of squirrels, and see how many "barrows" you find to the dozen. You can

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find the scars left by the operation. The "barrows" are much better for table use, more tender and fatter than either the female or uncastrated male.

Olinger, Va. I. M. PRICHARD, M.D.

Editor MEDICAL WORLD:—I believed that squirrels castrated their young until I investigated the matter. A young squirrel is like a horse colt; he don't "swing his testicles," as we say, until he is over a year old. Have hunted squirrels for years, and have askt many old hunters if they ever killed an old male squirrel that didn't have a fine, large pair of testicles They have all agreed that the false impression has been created by the examination of yearling squirrels whose testicles were still invisible. They invariably come down the second summer. I'll ask Dr. J. A. Burnett if he ever killed an old male squirrel that didn't have his "saddle bags" with him? I'll do more; if he will come to Kentucky, we will take a hunt in June. I will give him $1 for every male squirrel we kill without testicles, if he will give me $1 for every one we kill with testicles. Yours for a hunt.

S. D. WETHERBY.

Middletown, Jeff. Co., Ky.

Case for Discussion.

Editor MEDICAL WORLD:—Was called to see a man of good physique, aged 45 and never sick before. Married, and a farmer of good habits. I found him in a rocking chair by the fire. He said that he could not sleep the night before; had pain across the epigastric region and had some cough. He showed some nervousness while talking, and some twitching at the angles of the mouth; some uneasiness; could not sit quietly. His pulse was about 84 and regular, temperature 102°, tongue foul with a slimy coating and bad odor. Said he had taken a laxativ and had free movements of the bowels. No thickening could be found in either lung, and when askt to draw in a long breath did so readily without causing him any pain. In coughing it hurt him as I said before in the epigastric region, and on percussion over the region of the liver, especially over the left lobe, it was tender, but no sign of enlargement.

He was sick for fourteen days. I first cleared the bowels with half-grain doses of calomel given every two hours. Gave sulfo-carbolate of zinc every three hours until the odor was gone. Gave strychnin arsenite, grain 1 67, aconitin, same size dose, each hour. Under this treatment, aided by mustard plasters over the liver, the patient seemed to improve. His tongue cleaned off fairly well, his temperature remained at 100° with a variation of not more than one degree up or down. I put him on meat broths and gave him some pepsin after food and half hour later gave five gtts. of dil. hydrochloric acid. Still had some cough, but only brought up a little froth. I did not consider it of any importance, as it did not annoy him any to speak of.

About half way thru his sickness I noticed a markt interruption of his pulse. Gave digitalin grain 1-67 with the other alkaloids. This seemed to relieve the pulse from its irregularity.

Had to keep up the zinc to keep down meteorism in the bowels.

He became weaker and delirious of nights and slept less, and on the 14th day past off. The last 24 hours showed great prostration. Kidneys workt well but the urin was strong. Skin slightly yellow. Never had any dryness of the tongue. During his illness he was urged to drink plenty of water and did so.

Counsel called it catarrhal pneumonia, but I could not see that there were symptoms to warrant that diagnosis. I would like to hear from WORLD readers.

E. L. BLACKMORE, M.D.

Aplington, Iowa.

Please say to "Rhode Island" (December WORLD, 1901) that if he will belt less by eating at least two-thirds less than he usually eats, exercise more and use cold sponge locally at bed-time, he will soon be "Richard" again.

Shuqualak, Miss. C. D. R. KIRK, M.D.

Editor MEDICAL WORLD:—I would like to hear from some of the brethren on the treatment of cerebro-spinal meningitis. I have had the misfortune to be called to treat quite a goodly number of cases within the past four years, and results have been very unsatisfactory. Success to THE WORLD. J. C. LINDSAY, M.D.

Shady Point, I. T.

Editor MEDICAL WORLD:—Enclosed find $1.00 renewal subscription for one year, ending December 31, 1902. Altho a recent subscriber, I find THE WORLD almost indispensable. It is so unique, so unlike any other medical journal with which I am familiar. The main factor in its worth seems to me to be its eagerness to get at the truth, no matter from what source or sect. Two articles in December number are evidences

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of the above: One on page 497. editorial on Enthusiasm, which "hits the nail on the head," and one on page 511, "The 'Germ of Truth' in Irregular Medical Cults." In regard to the latter I think the Editor did justice to all concerned, while the writer of the paper shows plainly that instead of seeking for the truth with the humble spirit of an honest inquirer, he shows unmistakable evidence that long before he started on his journey in search (?) of the "germ," he was a jollier from Jollyville. Hence, doubtless, the jollying method of practise is preferable in his case. The writer intimates that "but for ethical reasons" he would copyright the "find." He ought not to let that hinder him, for a man who will write such an article—altho very "jolly"—has little regard for medical ethics.

2 Commonwealth Ave., Boston, Mass. J. S SHAW, M.D.

To All Lovers of Horses.

Your help is wanted in compiling (as a testimonial, ere Autos and Flying Machines have superseded him) an illustrated Book—"The Horse and His Friends." Send us Newspaper and Magazine Clippings and Anecdotes on: Intelligence and Sagacity of the Horse; His Affection for Other Animals and for Human Beings; Devotion of Men to Horses; Lives Saved by Horses; The Horse in History, Literature, Drama, Art, War, Peace, Medicin; Horses of Famous Men, and Celebrated Horsemen; Humane Societies, and what they have done for the Horse; Veterinary Colleges and Hospitals; Cemeteries for and Monuments to Horses; Horse Trades, Jokes, etc.

Also Photographs and Pictures of Famous, Intelligent, Handsome and Freak Horses, Mules and Donkeys—at work and at play; Owners, Breeders, Trainers and Jockeys; also Clippings and Pictures of Substitutes for the Horse in all lands; Vehicles—Ancient, Queer, etc.

We want every friend and admirer of God's noblest quadruped to act with us as co-author. All information relating to the equine race thankfully received and Edited with "Horse Sense" by DR. J L. VONDAL, P. O. Box 2340, Boston, Mass.

Dr. E. P. Clemens, of Dayton, Ohio, desires treatment and favorit formulas for asthma. He also says: "My wife tells me that my subscription is out." He therefore sends renewal with the remark that he has "taken WORLD ever since its beginning, save in all about three years," and that he takes six journals. It is a good thing for doctors to allow their wives to interest themselves in their medical magazines, and to aid in keeping the subscriptions paid up. Also, every doctor should take at least six medical magazines. We make this recommendation freely, for if you take two dozen other medical periodicals, you will still want THE WORLD, for it has an individuality of its own.

Examination Questions.

Examination before a medical examining board is now a required preliminary before the granting of a license to practise, in nearly every state. The standard required in the various states is a matter of professional interest to every wide-awake doctor. Hence we have frequently publisht recently used sets of questions from different states. Just now the five or six thousand prospectiv graduates from medical colleges are more deeply interested in this than any other subject. We are gathering recently used questions from a number of states, and hope to begin their publication in next issue.

What can you give us for April issue? A good way to approach the question would be for you to look over your case record for last April, and if convenient, for each April for several years past. From these records you will see what is most likely to occur during April. This will give you a subject for you to write upon for our April issue. Please do this as soon as your eye finds this reminder, so your remarks will reach us in good time for April WORLD.

The Nathan Lewis Hatfield Prize for Original Research in Medicin.

The College of Physicians of Philadelphia announces thru its Committee that the sum of Five Hundred Dollars will be awarded to the author of the best essay in competition for the above prize.

SUBJECT: "The Relation Between Chronic Suppurativ Processes and Forms of Anemia."

Essays must be submitted on or before March 1, 1903.

Each essay must be typewritten, designated by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respectiv writers or their agents within one year.

The Committee reserve the right not to make an award if no essay submitted is considered worthy of the prize.

The treatment of the subject must in accordance with the conditions of the Trust, embody original observations or researches or original deductions.

The competition shall be open to members of the medical profession and men of science in the United States.

The original of the successful essay shall become the property of the College of Physicians.

The Trustees shall have full control of the publication of the memorial essay. It shall be publisht in the Transactions of the College, and also when expedient as a separate issue. Address J. C. Wilson, M.D., Chairman, College of Physicians, 219 South Thirteenth street, Philadelphia, Pa.

The Third Annual Session of The American Congress of Tuberculosis is announced to be held on the 14th, 15th and 16th of May, 1902, in the City of New York, in Joint Session with the Medico-Legal Society. There will be, aside from all papers of a miscellaneous nature, four symposiums, arranged each to occupy one session of the body, viz.:

1. Preventiv Legislation, Embracing the Social, Municipal, and State Aspects of Tuberculosis.
2. Tuberculosis in its Pathological and Bacteriological Aspects.
3. The Medical and Surgical Aspects of Tuberculosis.
4. The Veterinary Aspects of Tuberculosis.

Is WORLD worth $1 per year to "everyday" doctors? If so, please suggest to your medical friends that it would be a good investment.

The effects of your "Monthly Talks" upon public opinion I imagine I can note from expressions in the newspapers and from people whom I meet, some of whom seem to look at things differently from what they used to.—Dr. J. N. Clark, Rosiclare, Ill

To say that I am highly pleased with THE MEDICAL WORLD is to express my feelings mildly. I admire its liberal spirit. Then it is also evident that it is not booming any preparations in the interest of Company "I," which cannot be said of many publications.—Henry A. Jendrault, M. D., Dover, N. H.

I am more than satisfied with THE MEDICAL WORLD. I have received more therapeutic knowledge from it than from any other I read, the London Lancet included.—David Barclay, M. D., Detroit, Mich.

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New Jersey Examination Questions.

Questions submitted at the examination of the State Board of Medical Examiners, held at Trenton, on the third Tuesday and Wednesday in June and September, 1901.

JUNE EXAMINATION.

I.—Materia Medica and Therapeutics.

1. What is salicin? From what derived? Name some of the preparations. Give physiological action and doses.
2. What drugs will counteract poisonous doses of opium, strychnia, carbolic acid or aconite?
3. Describe mercurialism, ergotism and bromidism.
4. What is acetanilid? Give therapeutical uses, physiological action and dose.
5. What is the source and physiological action of strychnin?
6. Describe the physiological action of the sulfate, the oxid and the carbonate of zinc
7. Differentiate the effect on the pupil of the eye between opium and belladonna when taken internally.
8. Name five remedies which will produce emesis and five that produce catharsis.
9. What is the dose of the sulfate of morphia when given by the mouth, by the rectum and hypodermically?
10. Write a prescription containing chloral hydras and name the condition intended to be relieved?

Homeopathic.

1. Give guiding symptoms for prescribing, (1) aconite, (2) belladonna, (3) gelsemium, (4) veratrum album, fever symptoms only being considered.
2. In a case of tonsillitis, when should (*a*) belladonna, (*b*) mercurius dulcis, (*c*) mercurius bin iodid; (*d*) phytolacca decandra, be prescribed?
3. What are the guiding symptoms in pneumonia for the use of, (*a*) phosphorus, (*b*) iodin, (*c*) antimonium-tartaricum?
4. Differentiate between (*a*) hyoscyamus nig, (*b*) stramonium, (*c*) belladonna, (*d*) aconite, in mental disturbance.
5. Give the symptoms in a case of gastro-enteritis which would lead you to prescribe, (*a*) podophyllum, (*b*) arsenicum album, (*c*) camphor, (*d*) veratrum album.
6. What remedy has in its pathogenesis "an intensely fœtid secretion discharged from the lungs and what other remedy the like from the ear?
7. Describe character of rheumatic seizure which will be best relieved by, (*a*) rhus toxicodendron, (*b*) bryonia alba, (*c*) apis mellifica.
8. Give the synopsis of a case of dyspepsia which would be relieved by, (*a*) nux vomica, (*b*) arsenicum album, (*c*) mercurius solubilis, (*d*) lycopodium.
9. How would one decide between, (*a*) aloes soc, (*b*) mercurius corrosivus, (*c*) mercurium vivus, (*d*) podophyllum, in a case of dysentery?
10. In a dry cough, what would cause the selection of, (*a*) bryonia, (*b*) sucta pulmonuria, (*c*) rumex crispus, (*d*) phosphorus, (*e*) comum maculatum?

Eclectic.

1. Outline briefly treatment for typhoid fever.
2. Give names for three sedatives, three tonics and three alteratives used in eclectic practise.
3. Give treatment for erysipelas.
4. Detail the therapeutic use of lobelia.
5. Give diagnosis and treatment of cerebro-spinal meningitis.
6. Give properties and uses of gelsemium.
7. What are the uses of jaborandi?
8. What are the uses of vegetable acids, lemon juice and cream of tartar in small-pox?
9. What is the treatment of dysentery by the use of ipecacuanha?
10. Define tetanus. Describe treatment.

II.—Obstetrics and Gynecology.

1. Mention seven signs of pregnancy.
2. Describe the management of labor in breach presentation.
3. Describe the method of catheterization in detail.
4. Mention the steps to be taken for the proper care of an infant during the first two hours of its life.
5. How should a physician prepare himself so as to insure asepsis during his attendance on a case of labor?
6. In what cases of uterine displacement is the use of a pessary indicated?
7. Name five causes of female sterility.
8. What diseases of the uterus are liable to be mistaken for carcinoma?
9. (*a*) What is puritus vulvæ? (*b*) What are its causes?

III.—Practise of Medicine.

1. Where is bronchial breathing normally heard? What does it indicate when heard elsewhere?
2. What is the difference in length of time between inspiration and expiration and the significance of variations therefrom?
3. What are the four principal physical signs of emphysema?
4. Differentiate acute laryngitis and œdema of the glottis.
5. Give names and causes of murmurs heard at the apex of the heart; also of the ones heard at the base.
6. Describe the eruption in its different stages of, (*a*) measles, (*b*) chicken pox, and (*c*) small-pox.
7. Differentiate ataxia and aphasia and give location of the lesion in each.
8. Name three causes for specific gravity of the urin under 1,010; also when it is over 1,030.
9. Name five steps to be followed in examining the contents of the stomach.
10. Name four diseases of the liver in which its surface is nodular.

IV.—Surgery.

1. What are the causes and symptoms of acute intestinal obstruction?
2. Give classification and treatment of burns.
3. Differentiate between chronic mastitis and carcinoma of the breast.
4. What are the more common accidents of anesthesia and how would you meet them?
5. Give treatment of penetrating wounds of the chest.
6. Mention causes of stricture of the rectum.
7. Describe Colles' fracture.
8. State indications for trephining in fracture of the skull.
9. What are the causes of ulceration of the cornea?
10. What are the indications for amputation in compound fracture?

V.—Anatomy.

1. What are the movements of the spinal column?
2. Describe the temporo-maxillary articulation; state nerve and blood supply and actions of the joint.
3. Name and describe the nutrient vessels (arteries) of the lung.
4. Describe the axillary glands (lymphatics).
5. What is the structure of the spinal cord?
6. Describe the structure of the large intestin.
7. Give boundaries and contents of the popliteal space.
8. In fracture of the neck of the femur internal to the capsular ligament (*a*) what muscles cause eversion, (*b*) shortening of the limb?
9. What bursæ are related to the knee-joint?
10. If a man weighs 150 pounds, what would be the weight (*a*) of the skeleton, (*b*) the muscles, (*c*) vi cera, fat, blood, etc.?

VI.—Physiology.

1. Describe the strcuture and function of the kidney.
2. Describe the circulation of the blood through the heart, specifying in their proper order the vessels, valves and cavities thru which it passes.
3. What is hæmoglobin, what is its purpose and where is it found?
4. What anatomical division of the heart lies nearest the chest wall and how great a proportion of the appreciable surface of the heart does it comprise?
5. What is the function of the stomach in the digestiv process?
6. How is digestion effected in the intestins?
7. Is bacterial activity in the intestins necessary for the digestiv process?
8. What is the function of the sympathetic nervous system?
9. What is meant by tidal and residual air and for what reasons is respiration a vital function?
10. In what part of the organism does fatal asphyxia first manifest itself?

VII.—Chemistry.

1. On what chemical hypothesis are lithium compounds administered to gouty patients?
2. State the difference between amorphous, polymorphous and isomorphous substances?
3. What is ozone, and how does it differ from common oxygen? Under what circumstances is ozone formed?
4. Explain the process of respiration from a chemical view point.
5. What is the difference between vegetable and animal life, from a chemical view point?
6. What elements enter into the animal system as necessary constituents?
7. Give the average composition of human urin and state by what conditions the composition is affected.
8. Enumerate the functions of a symbol.
9. Illustrate by formulæ the difference between ferrous and ferric salts.
10. State the best temporary antidote to poisoning by mercury.

VIII.—Histology, Pathology and Bacteriology.

1. What are the peculiarities of heart muscle?
2. Define metabolism.
3. Describe non-striated muscle. Name its principal localities.
4. What epithelial structures originate from the mesoderm.
5. What is inflammation? What five signs are to be recognized in all cases of inflammation? What four conditions must be satisfied for the occurrence of repair?
6. What are the modes of spread of pyogenetic micro-organisms? Describe each mode.
7. Define edema formation. How are the varieties of edema divided clinically? Describe the real edema.
8. Describe (*a*) the bacillus of Pfeiffer, (*b*) the common bacillus of Koch, (c) the tubercle bacillus.
9. In order to prove conclusively that a certain micro-organism is the cause of a certain specific disease, what fundamental conditions must be satisfied?

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10. Differentiate between typhoid bacilli and bacterium coli-commune.

IX.—Hygiene and Medical Jurisprudence.

Hygiene:

1. (*a*) Does climate affect the progress of chronic interstitial nephritis? (*b*) If so, in what way?
2. What special advantages do sanitaria offer for the treatment of pulmonary tuberculosis over treatment at home?
3. State briefly (*a*) the theory of the transmission of malaria by mosquitoes; (*b*) what preventiv measures have been suggested?
4. What measures should be taken by health officials to prevent a threatened epidemic of smallpox in a city?

Medical Jurisprudence:

1. Define a wound in its medico-legal sense.
2. In litigation for damages for trauma of the spinal cord, one year after its alleged occurrence, (*a*) what tests would prove from a medical standpoint, the cord to be in a healthful condition? (*b*) What symptoms would indicate organic changes in the cord or in its membranes?
3. Define (*a*) traumatic neurasthenia, (*b*) traumatic hysteria.
4. In the case of a woman of middle age, who claims damages for traumatic neurasthenia plus hysteria, what symptoms (*a*) would indicate simulation? What symptoms (*b*) would imply organic changes?
5. In a case of a subject found unconscious, what symptoms would determin whether unconsciousness was due to uremic coma, opium poisoning, acute alcoholism or hemorrhagic apoplexy?
6. In witnessing a will, what facts should satisfy the physician as to the mental competence of the testator?

SEPTEMBER EXAMINATION.

I.—Materia Medica and Therapeutics.

1. Strychnia sulfate—adult dose, physiological action, symptoms and treatment of poisoning.
2. Acid hydrocyanic—derivation, preparation used in medicin, adult dose and symptoms treatment of poisoning.
3. Define and illustrate by examples the following: hypnotics, narcotics, nervines, analgesics, antipyretics.
4. Name four coal tar products used in medicin, giving adult dose and indications for use.
5. What drugs would you suggest in hemoptysis, menorrhagia, dysmenorrhea, vomiting of pregnancy, night sweats? Dose of each.
6. Write an expectorant cough mixture containing four ingredients.
7. Name five official preparations of opium, giving adult dose of each.
8. Give an example, with dose, of the following: astringents, diuretics, carminatives, diaphoretics, emetics, expectorants, mydriatics.
9. Define antitoxin, serum-therapy, hydro-therapy, electro-therapeutics.
10. What drugs would you use hypodermically to meet the following requirements: (*a*) To produce emesis, (*b*) to control hemorrhage (*c*) to stimulate the heart's action?

Homeopathic.

1. Give indications for the use of helonias, phos. acid, lycopus and uranium nitrate in diabetes mellitus.
2. Mention three remedies useful in chronic interstitial nephritis and the symptoms which demand their use.
3. In treatment of asthma, differentiate between arsenicum, ipecacuanha, lobelia and sambucus.
4. In treatment of bronch-pneumonia name the symptoms which will lead you to prescribe 1st, stibium; 2d, phosphorus; 3d, sulfur
5. (*a*) What remedies particularly influence suppuration? (*b*) Define the sphere of usefulness of two of them.
6. Prescribe a remedy for diarrhea with frequent stools, colic, tenesmus and debility; stools watery, frothy, putrid, persistent odor; no appetite, constant thirst, often nausea and vomiting, aggravation at night and particularly early in the morning.
7. Name medicinal antidotes for poisoning by arsenic, opium, strychnia, merc. corr. belladonna.
8. In typhoid fever, what symptoms call for the exhibition of baptisia, bryonia, rhus tox nitric acid, terebinthinum? (Mention only three symptoms for each drug.)
9. How should a case of tonsillitis be treated?
10. From what source is derived apis mel, apium virus, cantharis, santonine, quinin, strychnia, lycopodium, moschus, sepia, hepar sulph.?

Eclectic.

1. Give symptoms and treatment of typhoid fever.
2. Give specific indications for bryonia.
3. Give diagnosis and treatment of cerebro spinal meningitis.
4. State the difference between the action of aconite and veratrum.
5. What are the medical properties of echafolta?
6. Of what use is muriatic acid in medicin?
7. State the action in the human system of sulfate of zinc and lobelia.
8. Describe the therapeutic action of sodium chlorid.
9. What are the indications for the use of gelsemium?
10. Give treatment of cystitis.

II.—Obstetrics and Gynecology.

1. Describe obstetric anæsthesia, the agents employed, the limitations.
2. What should be done to determin the condition of the kidneys during pregnancy?
3. Describe a secondary operation for incomplete laceration of the perinæum.
4. Describe your method of conducting a digital examination of the vagina and uterus.
5. Describe the female bony pelvis.
6. In an abdominal section over left ovarian region, what are the structures encountered? Name in order from without inward.
7. Describe in detail intra-uterin douching.
8. Upon what evidence would diagnosticate uterin fibroid?
9. How would you prepare a patient for the application of obstetric forceps?
10. Describe extra-uterin pregnancy.

III.—Practise of Medicin.

Give the causes, symptoms and prognosis of

1. Scorbutus;
2. Lymphadenitis;
3. Small-pox;
4. Acute gastritis;
5. Typhoid fever;
6. Acute peritonitis;
7. Acute nephritis;
8. Acute lobar pneumonitis;
9. Chronic hydrocephalus in children;
10. Degenerativ processes occurring in the arteries of old people.

IV.—Surgery.

1. Give cause and symptoms of senil gangrene.
2. Describe the different varieties of hemorrhoids.
3. Give causes and symptoms of Iritis.
4. Give etiology and symptoms of tetanus.
5. Describe the process of repair after fracture.
6. (*a*) Give causes of retention of urin, (*b*) give technique of catheterization.
7. What are the general characteristics of syphilitic skin eruptions?
8. Give treatment of penetrating wounds of abdomen.
9. Give causes and treatment of varicose veins.
10. Give technique of operation for cancer of the breast.

V.—Anatomy.

1. What is the composition of bone? Which constituents predominate in youth, and which in old age?
2. Mention five muscles of the forearm, anterial brachial region, and give the origin, insertion, nerve supply and action of any *one* of them.
3. Give the origin, distribution and branches of the middle meningeal artery.
4. What are the anatomic boundaries of the femoral artery at its most superficial point?
5. Describe the thyroid gland.
6. Describe the special organs of taste and their nerve supply.
7. What are the uriniferous tubules? Describe and locate them.
8. Give the position, structure, length and relations of the esophagus.
9. Locate and describe the pericardium.
10. Give location of (*a*) the aortic valve, (*b*) the pulmonary valves, (*c*) the tricuspid valves, (*d*) the mitral valves.

VI.—Physiology.

1. If living tissue be analyzed, what classes of bodies and what elements are invariably found?
2. Give the composition of the blood.
3. Describe coagulation. What chemical change is essential in this process?
4. What is lymph? Does it coagulate, and if so, why? Describe briefly the lymphatic circulation.
5. Describe the mechanical phenomena of respiration.
6. Where is the respiratory center. What nerves are given off from it?
7. What factors determin the arterial blood pressure? What factors aid the venous circulation?
8. What is digestion? Describe the movements of the stomach and intestines.
9. What is absorption? What constituents of the food are absorbed respectivly in mouth, stomach, small and large intestin?
10. Describe accomodation of the eye. Why does it fail in old age?

VII.—Chemistry.

1. Enumerate the functions of a symbol.
2. Define fermentation and decomposition.
3. State the general properties of organic compounds.
4. Give the general chemical properties of alkaloids.
5. Mention the general physical and chemical properties of urin.

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6. What is the difference between vegetable and animal life from a chemical standpoint?
7. Explain the meaning of the terms reaction and reagent.
8. What are the general properties of bile, and give its chief constituents?
9. How would you distinguish carbolic from hydrochloric acid poisoning?
10. What metallic chemical elements are found in the body in various combinations?

VIII.—HISTOLOGY, PATHOLOGY AND BACTERIOLOGY.

HISTOLOGY:

1. Name the properties of a cell.
2. Name and describe the two methods of bone development.
3. How many kinds of marrow are there? Name them. Where does each occur? How do they differ?
4. Name the varieties of muscle. Give the size of the voluntary muscle fiber. What is the membrane of Krause? the median line of Hensen?

PATHOLOGY

1. What is the cause of death after superficial scalds and burns?
2. What is the difference between hypertrophy and enlargement?

BACTERIOLOGY:

1. What is the origin of bacteria?
2. What are the conditions necessary to produce infection?
3. Why does the air in summer contain more bacteria than the air in winter?
4. Name the only pathogenic bacteria found in the air with any degre of constancy.

IX.—HYGIENE AND MEDICAL JURISPRUDENCE.

HYGIENE:

1. What instructions should be given a nurse respecting the prevention of the spread of scarlet fever from the sick-room?
2. State the time that quarantine should be imposed in (*a*) diphtheria and (*b*) small-pox.
3. Explain why pure drinking water is especially liable to lead poisoning when carried through lead pipes.
4. (*a*) What percentage of relative atmospheric humidity exceeds the health limits in this section of the country? (*b*) Why does a heated atmosphere charged with moisture render sunstroke liable?

MEDICAL JURISPRUDENCE:

1. Name some of the signs of a natural death.
2. Outline briefly the steps to be taken in making a postmortem examination.
3. What measure of legal responsibility does the surgeon assume in performing a major surgical operation?
4. (*a*) Define ptomain poisoning, (*b*) name the symptoms and (*c*) the ordinary period of incubation.
5. State briefly the method to be pursued for the detection of simulated traumatic neurasthenia.
6. In trauma of the spinal column, differentiate acute inflammation of the membranes of the spinal cord from acute or subacute inflammation of the cord.

Massachusetts Examination Questions, November, 1901.

State location and weight of the liver in the adult. Describe its surfaces and borders.

Give the locations of the ganglia of the sympathetic nerve.

Give the anatomy of arteries and veins. How are the coats of arteries affected by ligation?

Describe approved methods of treating simple fracture of the femur in a child five or seven years old.

Write a formula for preparing in a patient's home a quart of normal salt solution for an emergency case, and state methods of administration.

Name the articulations of the following: tibia, radius and scapula.

Without instrumental aid, differentiate vesical calculus and tumor of the bladder.

Differentiate dislocation of head of humerus downward and fracture of surgical neck of the bone. State treatment for the latter.

Give diagnosis and treatment of fracture of the olecranon.

Describe the large intestin, and state its anatomical relations.

State normal rate of respiration and pulse, and degree of temperature in the adult; also the influence of sex on the same. State the significance of a high pulse rate with a normal respiration and temperature.

State the physiologic effects of hot and cold baths. State conditions contraindicating sea bathing.

Mention as many as you can of the known elements which enter into the composition of animal tissues, and name the four most important.

What diseases or deformities are incident to school life, and how may they be prevented other than by exclusion from school?

Discuss blood in man,—its composition, temperature, reaction, weight in proportion to the entire weight of the body, and uses.

Of what value is alcohol as a food, as a stimulant, and as an anesthetic, and what are its effects on the temperature of the body?

Give an account of the structure and functions of the medulla oblongata.

Describe periosteum,—its structure and function.

How does compact bone differ from spongy bone in structure and function?

What are the provisions in nature for purifying the air and replenishing it with oxygen.

Differentiate iritis and conjunctivitis, and give the distinctiv treatments

Name the organs of the thoracic cavity, and state anatomical relations.

Define the term food. Classify food-stuffs, and state how they are affected by the secretions of the stomach

Define Addison's disease. Give symptoms duration and prognosis

Differentiate croupous and catahrrhal pneumonia, and give clinical history of each.

Give symptoms and treatment of carbolic acid poisoning.

State how typh id fever may become epidemic, and the methods which should be adopted to limit its dissemination.

Give symptoms, diagnosis and treatment of pericarditis.

Describe herpes zoster, and give treatment.

Write three formulas for nutritive enemata.

What symptoms and conditions in the pregnant woman would lead you to fear eclampsia?

State causes of sterility in woman, and treatment to promote fertility.

What is tubal pregnancy? How diagnosed? Treatment.

Define hysterectomy, and state how it may be performed. State reasons for the method you consider preferable.

Name the expulsiv and resistant forces of normal labor.

What care should a physician give the mother during the first ten days following confinement? What the infant?

Give pathology and treatment of inversion of the uterus.

A woman pregnant seven or eight months has attacks of bloody vaginal discharges, sometimes preceded by pain; the flow may be scanty in first, but increases in later attacks. Diagnosis and treatment.

The amniotic sac has ruptured, and a hard presents. How can you diagnose the position of the child?

State in detail the means you would use to promote the secretion of milk in a nursing woman.

State, from a pathological stand-point, the difference between traumatic and idiopathic apoplexy.

What may excess of uric acid in urin signify?

What conditions outside of the heart may cause heart hypertrophy?

Define thrombus; state causes of formation, and local and remote effects.

In what organs does amyloid degeneration occur most frequently?

Differentiate opium poisoning (patient comatose) and cerebral hemorrhage.

What pathological changes take place in chronic bronchitis?

Give etiology of angina pectoris.

A patient has dropsical effusion in the abdomen and legs. State causativ conditions.

A patient has chronic parenchymatous nephritis. Describe his urin.

Did It Ever Occur to You

That gratitude decreases in inverse ratio with the lapse of time following the beneficent act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with the years?

That short accounts make long friends.

That you gain only your patient's contempt for your business methods, when you allow him indefinit time for the payment of his bill?

That medicin is a business as well as a science, and that the physician who is most business like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the persimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar vists a day than a dozen dollar visits?

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Quiz Department.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—Will you please inform me if there is any recognition between the various State Examining Boards? For instance, would a certificate from the New York State Board be recognized by any other state?

GEO. NELSON DOLBECK.

Torrington, Conn.

[Efforts have been made, and are still being made, to establish some sort of reciprocity among the boards of different states, but this very much desired object has not yet been achieved.—ED.]

Editor MEDICAL WORLD:—Will you or some of the readers of THE WORLD tell me the poisonous ingredients of "Rough on Rats?" Is it the arsenate of antimony? I am anxious to know the formula of thialion. Is it a combination of the carbonate of lithium and phosphate of sodium? J. L. STEARNES, M.D.

Salem, Va.

[While "Rough on Rats" is familiar in every court of justice and in most households in the land, we cannot give you any authentic formula, but have remembrance that it has been clast as merely crude arsenic. The antidote for arsenic meets all indications. The manufacturers of thialion state that it is a "laxativ salt of lithia." We have no access to any publisht formula of it, but we think your guess good. We regret that we cannot serve you better. How about spring diseases in your section?—ED.]

Editor MEDICAL WORLD:—Will you kindly give in next issue a remedy for perspiration and bad odor of arm-pits? I am troubled with it the year round, and summer is robbed of half its pleasure because of it. An unfailing preventiv would be a blessing to womankind.

DRUGGIST'S WIFE.

[If you bathe the affected parts for five minutes twice daily with a watery solution of 40 per cent. formaldehyd in proportion of two fluid drams to the pint of water, dry gently and apply thoroly stearate of zinc compound, or the following powder, you will get immediate relief and a probably permanent cure:

Boric acid	1 ounce
Acetanelid	1 ounce
Salicylic acid	3 drams

Mix thoroly, and apply as directed.—ED.]

Will not the Editor or some one else give me a successful treatment for chronic eczema of the scrotum in a young man of 21, otherwise in fine health? C. W. ASTROP.

Surry, Va.

[Keep his bowels free with salines, cleanse parts with glycerin rather than water, keep him on full dosage of Basham's mixture, and apply the following lotion, and he will soon be well:

℞

Calamine	
Oxide of zinc	āā 4 drs.
Glycerin	1 fl. oz.
Carbolic acid	20 mms.
Lime water, enuf to make	6 fl. ozs.

Mix, and direct:—Shake well, and apply frequently.

Cleansing with glycerin and applying this lotion three to six times daily is nearly certain to cure your case when internal medicin is used as suggested.—ED.]

Will the Editor, or some one of the WORLD family, tell me what would be the best antiseptic powder to combine with a diaphoretic powder, the formula of which is:

Gum opium	½ dram
Camphor	2 drams
Pulverized ipecacuanha	1 dram
Super-carbonate of soda	1 ounce

and the proper amount for the above?

Wyoming, Del. DR. J. H. THOMAS.

[You may add to this prescription

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any of the following drugs: Resorcin, acetanilid, beta napthol, corrosiv sublimate, quinin, calomel, sulfocarbolate of zinc. The proper dose of each you will know well. We assume that you desire an intestinal antiseptic; but if you wish to reach the lungs, we would suggest turpentine in emulsion by the mouth or by inhalation. Write Query Editor more fully, if we have not satisfied your wishes.—ED.]

To the Brethren or Editor:—What have I got? Male, 55, stout, never sick. Symptoms, formication, as ants crawling over lower limbs, flies over the face, numbness of right foot as if asleep.

Dennis, Kans. J. F. STEVENS.

[You have a case of defectiv innervation which may be the result of cutaneous pruritus, the lithemic diathesis, or defectiv circulation from cardiac deficiency. In either event, your patient will get markt and quick relief from strychnin sulfate gr. $\frac{1}{30}$ every four hours, and gradually increase of the dose to gr. $\frac{1}{15}$ every four hours. Have him bathe twice weekly with a sponge saturated with a saturated solution of hyposulfite of sodium in water. Give him salines to mild purgation and diuretics. Guard his diet, and search for idiosyncrasy in articles of food, and the patient and yourself will be satisfied. Examin his heart carefully for functional or organic trouble. Come often if you are as terse as you were this time.—ED.]

Crumbling Nails.

Editor MEDICAL WORLD:—I have a case for which I find nothing in books or journals. Can some one tell what it is, and what to do for it? Mrs. S., aged 40 years, general health good, from good hardy family, no history of any hereditary taint of any kind. About one year ago she had, as she supposed, the grip; had very high fever; recovered in one week without a physician. In three weeks after this attack one of her finger nails commenced to loosen and crumble away from one corner, and in the course of a month the whole nail was gone as tho by a slow fire. Then one nail after another was attackt, until now she has but one left whole. Also the toe nails are now becoming affected. They pain her considerably and the skin on the end of the fingers is becoming affected, and possibly the bone, as the soreness seems deep-seated. The root of the nail is not much affected, not any at first. The nail grows, but crumbles away as fast as the new nail comes out. All treatment so far from several doctors has been of no avail whatever.

Rogers, Ohio. FRANK SCOTT.

[It is not uncommon to have deterioration of the nails as a sequel of severe illness, tho it is seldom so markt as in your case. It is an evidence of impaired nutrition. We would endeavor to get her digestion perfect and the emunctories in good state of fuctional activity. We would give tonics and some form of calcium in good sized doses. We believe benefit will follow keeping the nails moist with pure linseed oil by means of bandages worn constantly wet with it.—ED.]

Editor MEDICAL WORLD:—Can you give me any information regarding carbonate of guaiacol? A physician here spoke of its use in hoarseness (chronic) following pneumonia. Is that its sphere. DR. E. E. BECKETT.

Seattle, Wash.

[Carbonate of guaiacol is a valuable preparation of guaiacol, and gives general satisfaction in indicated cases. You may procure it from any pharmacist, as it is supplied by Merck & Co., of New York City. It is powerfully antiseptic, and in this way might fulfill your requirements. Write the house of Merck direct and ask for information.—ED.]

Editor MEDICAL WORLD:—A cow was sick with what the veterinary called hydrophobia. The cow was killed with a gun. The carcass was placed upon a sleigh, drawn out behind a farm barn and left upon the sleigh for twelve days, at least. The dogs of the neighborhood came and ate of the flesh of the cow.

Now the question is, what effect, if any, will the eating of the flesh of the cow have upon the dogs? In other words, are the dogs liable to contract hydrophobia?

Oakfield, N. Y. A. P. JACKSON, M.D.

[Readers, kindly discuss.—ED.]

Editor MEDICAL WORLD:—A wife and mother, aged 45, small and anemic, weight about 98 pounds, now in menopause, youngest child 20. Since his birth has noticed a small "lump" in right side, just above pelvic brim, movable, sometimes painful and fluctuating in size, reduced by former doctor by pot. iodid. Since appearance of lump has had sinking spells, accompanied by feeble pulse, cold extremities, semi-comatose and extremely difficult breathing with a croupy sound on inspiration; respiration is hurried and ceases simultaneously with pulse, at intervals of five minutes, during five to fifteen seconds; and then returns with a gasp. Attacks occur at intervals of two weeks to two months, and are quickly remedied by strychnin, nitroglycerin, etc. They last about twenty to thirty minutes under treatment. Now have her on cactus grand. 1-100 and hypophosphites, with no attack in two months.

Is this hysterical, or a functional disorder? I can find no organic trouble. Is said "lump" a

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factor? I am a beginner or I might not have to ask help on this. I will highly appreciate any suggestions. Thanking you in advance if you have read this far, I am, etc.,

Chanute, Kan. H. R. WILSON, M.D.

[We want and need such "beginners" as you seem to be; the oldest WORLD subscriber needs such men to spur him. We presume you have positivly excluded hernia and gaseous distention. Your data is incomplete because you do not state condition of bowels, possible floating kidney, height of patient, action of kidneys and bladder, condition of uterus and vagina, amount of sleep obtained, etc. From what you tell us, we suggest that you investigate carefully for hernia. We would keep her on regular and full doses of strychnin and the least irritating of the bromids—such as the strontium salt. Have you carefully excluded organic heart disease? Alcohol, in some form, would be of benefit. Unless the tumor can be proved to be foreign in nature, it should be supported by a support of some kind, either an elastic belt or a truss.—ED.]

Editor MEDICAL WORLD:—Can you or any of the WORLD readers render me any assistance in the following case? R. D. S., a young man, married, aged 22 years, height five feet nine inches, weight when in health 135 pounds. A man of good habits. Uses no intoxicating drinks of any kind, nor does he drink even tea or coffee. Occupation, is a clerk in store.

He states that he has not been feeling well for the last two years; says that he has no pain anywhere, only he feels languid and tired all the time. Upon making an examination I find the temperature normal, pulse regular, lungs in good condition, bowels slightly constipated, digestion fairly good, altho at times (as he expresses it) there is a heavy sensation, not pain, in the stomach, urin passes freely; specific gravity 1,020, and slightly acid, and upon making an analysis I find 33½ per cent. to be albumen. [By volume?—ED.]

My diagnosis is Bright's Disease. Now, Mr. Editor, if you, or any of the readers of THE WORLD, can give any suggestions concerning treatment (that will restore him to health) sooner and better than the treatment that I am giving, I shall be truly thankful for it. The sick man is my son-in-law, and he is a good young man, so you see Mr. Editor, how anxious I am for his recovery.

The treatment that I am giving is as follows: First, complete rest from work; second, diet is strictly a milk one. Medicin: I am giving Basham's solution, a tablespoonful four times a day. Keeping the bowels open with citrate of magnesia, and the pores of the skin open with hot baths as often as necessary.

If any of the WORLD readers can give me a better treatment than the one I am giving, I shall be pleased to receive it either in the columns of THE WORLD, or sent to me thru the mail. J. T. TAYLOR, M.D.

113 S. Seventh Street, East Salt Lake City, Utah.

[Your diagnosis is probably correct, and your treatment cannot be improved upon. We suggest that you examin the urin repeatedly before giving a fatal prognosis. You might add digestivs like pepsin and pancreatin if the stool shows undigested food in form of curds, or if it is very offensiv in odor. Remember that other diseases beside nephritis produce the appearance of albumen in the urin.—ED.]

Editor MEDICAL WORLD:—Will you or some of your many readers give the pathology, diagnosis, and prognosis of to me a peculiar vomit, which has occurred in my practise for several years? It is from an indigo color to a black coffee grounds nature. It seems that the patient, rather than vomit, just spits up with all ease from one to two or more mouthfuls at regular intervals. This has puzzled me for some time. Please answer in your next issue.

Poteau, Ark. W. T. M., M.D.

[You have a case of gastrorrhagia, or hematemesis; or of hemoptysis. We think the former, because in hematemesis the blood is nearly always dark and clotted, or "coffee-ground" in appearance. In hemoptysis we expect to get the blood red, frothy, and alkalin in reaction, and spit out when coughing, and with physical signs indicating advanced pulmonary trouble. In hematemesis the vomit or sputum is acid and may be mixt with food, and the subsequent stools will probably be "tarry" in appearance. We find hematemesis in gastritis, in chronic obstruction to the circulation such as observed in disease of heart, or lung or liver, in scurvy, anemia, purpura, and in ulcer or cancer of stomach, and when blood may have been swallowed from nose, mouth or throat. Doctor, if you will study your case thoroly, you will locate the seat of the trouble; then if you do not find the "pathology, diagnosis, and prognosis" clear, we will be glad to help you. Exclude hysteria, malingering, lung and stomach disease, and if in female, vicarious menstruation. —ED.]

Editor MEDICAL WORLD:—Lady patient, fifty-two years of age, robust and in perfect health, except that she complains of head always being cold; brain feels like a lump of ice; pain sometimes in right eye. She is in constant fear of paralysis. Treatment: Wrapt the head in two night caps with two heavy shawls over them. Soda salicylate, acetanilid and soda comp. tablets and iodid of arsenic, all pusht to the limit,

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without any apparent benefit. She dates this trouble back fifteen years, when she received a shock from the death of a son. It is gradually getting worse. What will cure her?

Masonville, Ky. E. P. McCORMICK, M.D.

[Doctor, how did you hope to warm a cold brain by wrapping the head in shawls? Don't you think it would be difficult to get the warmth thru the skull? Such complaints are pure nonsense. She is either hysterical or has some nervous affection, and her ascribing it to a sudden sorrow impels us to the former belief. You should have described the condition of her arteries, heart, and kidneys. We would stop the acetanilid and add strontium bromid and heavy doses of strychnin to the treat ment you have given. We would take off the shawls and night caps, and give her a very plain elementary lesson in anatomy from some well illustrated work. This will partially confuse her, but may instruct her enuf to realize the foolishness of such complaints or the impossibility of relieving the sensations by wrappings. She may, or may not, have such sensations; but she must be made to understand that the actual existence of such a condition is a physical and anatomical impossibility. Possibly an irritant, such as cayenne pepper in alcohol, applied with care, might improve the superficial circulation enuf to relieve the symptoms. Systematic massage of scalp and face ought to do good. Try to amuse her by such procedures, but study the case meanwhile.—ED.]

Editor MEDICAL WORLD;—I desire some information in reference to a case of epilepsy in which I am particularly interested. I have been using bromids and horse nettle berries, and I am almost discouraged. I can not ward off the attacks longer than a week at the utmost. The boy is fourteen years of age and is my own son. Kindly let me know if you can make any suggestions. O. L. MOSER, M.D.

8 East Third street, New York, N. Y.

[The first thing to do in epilepsy is to try to find the cause, and then try to remove it. With this remark we will leave the matter open to our readers, who may write directly to the Doctor or thru WORLD.—ED.]

Editor MEDICAL WORLD:—By telling me what you think of regular, systematic, deep breathing, you will oblige a new subscriber

Crawfordville, Ga. H. F. WHITE, M.D.

[Forcible inspiration, if carefully practised in moderation, undoubtedly is of benefit in many ways.. For those in fair health, it will keep the air spaces in the lungs open and will develop the chest and improve the form. In pulmonary troubles, it forces oxygen into diseased areas which would never be reacht by ordinary respiration; but in such diseases it must be practised with due caution. The exercise is best taken on arising, and should be taken at an open window so that the inspired air will be pure and not vitiated by the body emanations thrown off during the night. In taking the exercise, stand erect, in a natural position, with arms hanging at the sides. Inhale thru the nostrils slowly until the lungs are fully inflated and then throw the shoulders well back and endeavor to take in a little more air, retain position for an instant and then slowly exhale thru the mouth. Three such breaths taken each morning are ample for a start.—ED.]

Advice Wanted.

Editor MEDICAL WORLD:—Mrs. A., aged 28, married eight years, mother of two children, both died in infancy, last confinement four years ago. Since then has steadily increast in weight; at present, weighs 197 lbs., flesh soft and flabby. Menses irregular and scanty; may go three months and no sign. Stomach swells up and gets sore; complains of pain in ovarian region nearly all the time. Weak heart, dyspnea on least exertion. Has always lead an activ life. Sleeps well, appetite good, bowels regular, kidneys normal. Anxious to become pregnant. She looks as tho she is in perfect health. I may add that her weight up to four years ago ranged from 125 to 135 lbs. Also that the usual tonics for amenorrhea have no effect. Would it be best to reduce her flesh? G. P. GIBNER, M.D.

Swan, Tex.

[Obesity, in itself, is a frequent cause of amenorrhea and dysmenorrhea and sterility, and we would attempt reducing her flesh by the vichy treatment or by means of thyroid tablets. Make rigid inquiry as to the sexual habits of herself and husband.

If intercourse be too frequently indulged in, insist on abstinence for some weeks, and indulgence immediately after the menstrual flow. It might be suggested that the knee-chest position be adopted. If the muscular tissues are so flabby, the vaginal walls are probably enuf relaxt to allow too ready escape of semen; hence try astringent suppositories and douches. Depletion of uterus by glycerin tampons will be of benefit, and relieve pain in ovarian region if no organic lesion be present. Dispose of the gaseous distention by pepsin, pancreatin, or nitro-muriatic acid freshly

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prepared. Keep bowels free without disordering digestion by purges; select laxativs of gentle action. Strychnin will help the weak heart and act beneficially as regards dyspnea, and at the same time be a digestiv tonic and systemic stimulant. Examin carefully the condition of vagina, uterus, and ovaries. Follow suggestions, and if you and your patient do as directed, she will soon be pregnant if no organic lesion exist. THE WORLD is always glad to hear from Texas, and we will be glad to know how you come out with this case. The last resort, in such cases, might be artificial impregnation.—ED.]

Editor MEDICAL WORLD:—Tell me what to do for a case that I diagnose as neurasthenia. Mr. J. C., 58 years old, 180 pounds, five feet ten inches in height, unmarried, has no erectil power only when sleeping; very nervous always; has a fear of being unable to perform coitus; mind unsettled; thinks everyone his enemy; always feels slighted; does not drink, but is an inveterate smoker; has backache; bowels regular, kidneys are all right; penis small and flabby. Dr. J. W. COLLINS.
Meeker, Colo.

[A man of this age and unmarried has no business to perform coitus—has no business to think about it. He would better devote himself to becoming a man—a reasonable, respectable man. Tell him plainly what we think of him, and it might inspire him to higher aspirations. Cut down his smoking, or discontinue it altogether if practicable. You say, "kidneys all right," but how do you know? Have you examined his urin? You can benefit this man if you will take hold in earnest, applying all your skill to his physical condition, and not neglect to do your duty in treating him mentally and morally, also. Examin him carefully from head to foot, and correct every abnormal condition you may find. Give his habits and mode of life as close attention, and insist on a hygienic mode of life, clean both morally and physically. In WORLD for last July, page 302, we reviewed a book entitled, "What a Man of Forty-five Ought to Know." Your patient ought to have read such a book thirteen years ago; then at 58 he might have had more sense. Do the best you can along the lines here suggested, and report further. Don't be afraid to be plain and frank with him.—ED.]

Editor MEDICAL WORLD:—Please give treatment for tinnitus aurium. I have several cases on hand—they are of a nervous character, not catarrhal. JOHN YOUNGLOVE.
Elizabeth, N. J.

[Tinnitus aurium is generally an obstinate affection, since the origin of the symptom is very difficult to locate. It is noted in anemia, cerebral hyperemia, ear affections, after administrations of such drugs as quinin or salicylic acid, in hysteria, and idiopathically. There is a primary cause in every case, but few practitioners will take the time to definitly place it. You must locate the origin before you can hope to master the symptom, much less cure the disease. Have a good head mirror and proper speculums, and examin canal and membrane tympani under full illumination, so that you may exclude any possible local trouble. Any case will stand syringing with warm water, and this often cures. If you will tell us why you determined your diagnosis of nervous origin, we might help you more. If indubitably nervous in origin, and other causes be excluded, you know the remedies—valerian and the least irritating of the bromids in ample dosage.—ED.]

Editor WORLD:—My wife, age 35, mother of three children, youngest if alive would be about one year old now, has been in a state of bad health for about sixteen months past. In your May, 1901, number I described her condition under the head of Stomatitis Materna and askt for assistance, which was kindly accorded me by both the Editor and several of the brethren. I adopted the treatment as outlined by the Editor and she improved wonderfully, getting comparativly well. On account of diarrhea, from which she was then suffering, her weight was reduced to 88 pounds. She gained, however, during the fall months 24 pounds in weight; her mouth got well and she seemed on the road to perfect recovery. However she took a severe cold (or la grippe) in December, and she has been coughing a great deal since. She became very weak, with a slight return of her former diarrhea. Her pulse is accelerated to about 90, and temperature is elevated evenings to 99⅘° F. Auscultation reveals no rales in either lung; no dulness on percussion; respiratory murmur clear. She has had no return of menstruation since she became pregnant with last child. She suffers from piles or a rectal or bowel disease of some character; the dejections are mixt with blood and mucus of a thick, ropy nature; and at times it is membranous, resembling lining of bowels. She complains of pain in lower part of back. Appetite not so good now as formerly, but digestion is all right. Urin normal in quantity and color.

There is uterin prolapsus and retroflexion, with tenderness and soreness about vagina and uterin os. She is nervous and easily excited.

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She has not nurst for nine or ten months, as child has been dead six months, and it was weaned at two months of age.

The patient is my wife and I certainly am deeply and vitally concerned.

I would like a diagnosis and indicated treatment, from the Editor and brethren.

To those who so kindly responded to my call for help, thru the May, 1901, WORLD in this case, I wish to return my sincere and heartfelt thanks, especially to the Editor and Dr. W. J. Hoadley, of DANVILLE, Ind., and Dr. Wm. M. Pitts, of Thomson, Ga.

May THE WORLD roll on unchanged in its mission of good, and may the blessings of God rest on its Editors, and patrons as well.

Carter, Tennessee. R. J. FERGUSON, M.D.

[You have a case of complicated catarrh of all the mucous membranes, and must adjust your treatment to local conditions. For rectal trouble use a gentle speculum and explore thoroly under full illumination, and if any ulcers or fissures be found, touch with pure ichthyol after the surface has been cleansed by peroxid of hydrogen. This treatment may be given twice weekly, and twice daily inject an ounce of flaxseed oil in which a dram of bismuth sub-gallate and five grains of iodoform have been incorporated. Deplete the uterus and soothe the vaginal and uterin catarrh by glycerin suppositories or tampons, supplemented, if she can be induced to use them properly, by copious hot water vaginal douches. Give her peptonated solution of iron and manganese in tablespoonful doses four times a day, in water, milk, or wine. The familiar solution of the hypophosphites, without syrup, is indicated. Sooth her irritable nerves with fluid extract of valerian. Supervise carefully the condition of the lungs, and if improvement is not soon evident under suggested treatment, have the sputum examined for bacilli. THE WORLD is always glad to give aid, and all we ask is that you send us a few new subscribers from among your medical friends, for all of them ought to belong to the "family." We compliment your wife on having such a good doctor for a husband, for most physician's wives are neglected when ill. We hope for her rapid improvement. ED.].

Recent Books.

Wolf's Physiologic Chemistry.—A Laboratory Handbook of Physiologic Chemistry and Urin-examination. By Charles G. L. Wolf, M.D., Instructor in Physiologic Chemistry, Cornell University Medical College, New York. 12mo. volume of 190 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company. Cloth $1.25 net.

The object of this book is to supply to students and practitioners of medicin a guide to a course in physiologic chemistry and the examination of the urin and the contents of the stomach. The first part of the book is taken up with simple exercises in physiologic chemistry, which will give an elementary insight into the chemical side of physiologic processes. In the part of the book which deals with the urin and the gastric contents, no tests have been given which do not rest on a good chemical foundation. The aim has been to give as few tests as possible, and these to be chosen for their suitability to purely clinical needs.

First Aid to the Injured and Sick. By F. J. Warwick B.A., M.B. Cantab., Associate of King's College, London; Surgeon-Captain, Volunteer Medical Staff Corps, London Companies, etc.; and A. C. Tunstall, M.D., F.R.C.S.Ed., Surgeon-Captain Commanding the East London Volunteer Brigade Bearer Company; Surgeon to the French Hospital and to the Children's Home Hospital, etc. 16mo. volume of 232 pages and nearly 200 illustrations. Philadelphia and London: W. B. Saunders & Compony. Cloth, $1.00 net.

This volume is intended as an aid in rendering immediate temporary assistance to a person suffering from an accident or sudden illness until the arrival of a physician. The authors have succeeded in producing an admirable work of practical emergency procedures, and they have coucht it in such clear language that even those unfamiliar with the science may grasp the meaning intended.

Gorham's Bacteriology.—A Laboratory Course in Bacteriology. For the use of Medical, Agricultural, and Industrial Students. By Frederic P. Gorham, A. M., Professor of Biology, Brown University; Bacteriologist to the Health Department Providence, R. I. 12mo. volume of 198 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders & Company. Cloth, $1.25 net.

Bacteriology is essentially a laboratory study. It is only by actual laboratory work that it can be taught in such a manner as to serve any useful purpose. This volume has been prepared as a guide to the practical details of laboratory work. It is intended to present the subject in such a general way as to lay a broad foundation for later specialization in any branch of bacteriology. It is plain, concise and accurate, and is well fitted in every detail to serve as an introductory text book to this important field. The effort is made to conform the book to the needs of all students of bacteriology, no matter what profession their ultimate aim may be. All the cuts are plain, and the text is all that could be desired.—A. L. R.

Raymond's Human Physiology.—Human Physiology. Prepared with special reference to Students of Medicin. By Joseph Howard Raymond, A.M., M.D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in Hoagland Laboratory, New York City. Second edition, entirely rewritten and greatly enlarged. Handsome octavo volume of 668 pages, 443 illustrations, 12 of them in colors, and 4 full-page lithographic plates. Philadelphia and London: W. B. Saunders & Company. Cloth, $3.50 net.

In the revision the same general subdivision of the subject has been retained, adding, however, a section on Histology. Special attention has been given to the influence of alcohol upon mouth and gastric digestion, to the subject of deglutition and the gastric movements as observed by use of the Röntgen rays, and to the physiologic significance of gastrectomy. Internal secretion, thyroid treatment, blood coagulation, fat absorption, and the most recent contributions on the genesis of uric acid has been con-

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cisely considered. Laryngeal photography, by Professor French, and the subject of voice-production have been discust and illustrated. In the portion of the volume devoted to the Nervous Functions, many changes have been introduced, necessitated by the general acceptance of the "neurone theory;" and the sections treating on the senses of sight and hearing have also been greatly elaborated. In the discussion of the Reproductive Functions stress has been especially laid upon the divergent views regarding the relation of menstruation to ovulation. In every way the new edition of this most valuable work is highly commendable. It will be found useful and practical, not only to the student, but also to the practitioner, as an up-to-date book of clear, concise, accurate information.

Dose-Book and Manual of Prescription-Writing; with a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. Thornton, M.D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Second edition, revised and enlarged. Octavo, 362 pages, illustrated. Philadelphia and London: W. B. Saunders & Company. Bound in flexible leather, $2.00 net.

The work will prove of most value to those practitioners who know themselves weak on the use of latin in prescription writing, and to those who are not thoroly "up" on the dosage of drugs not commonly used. We have never seen a better book of the kind. It is not, and does not aim to be a treatise on therapeutics or practise; for the author knew what he wanted to teach and has done it well.—A. L. R.

Bergey's Principles of Hygiene.—The principles of Hygiene: A Practical Manual for Students, Physicians and Health Officers. By D. H. Bergey, A.M., M.D., First Assistant, Laboratory of Hygiene, University of Pennsylvania. Octavo volume of 495 pages, illustrated. Philadelphia and London: W. B. Saunders & Company. Cloth, $3.00 net.

This book is intended to meet the needs of students of medicin in the acquirement of a knowledge of those principles upon which modern hygienic practises are based, and to aid physicians and health officers in familiarizing themselves with the advances made in hygiene and sanitation in recent years. It is thoroly up to date. Among the important subjects considered are Ventilation, Heating, Water and Water Supplies, Disposal of Sewage and Garbage, Food and Diet, Exercise, Clothing, Personal Hygiene, Industrial Hygiene, School Hygiene, Military and Naval Hygiene, Habitations, Vital Statistics, Disinfection, Quarantine, etc. It aims only to teach the broad elements of hygiene. Every practitioner of ten years standing is weak on such fundamentals. No practitioner now dare ignore the knowledge of hygienic principles, and we know of no other book which will give such an impetus to study as this. The U. S., Interstate, and house quarantine laws are quoted and explained, and this feature alone is worth the price of the book. It is both a compilation and a valuable original work, and it will grace any medical library.—A. L. R.

Saunders' Medical Hand-Atlases.—Atlas and Epitome of Special Pathologic Histology. By Docent Dr. Hermann Dürck, of the Pathologic Institute of Munich. Edited by Ludvig Hektoen, M.D., Professor of Pathology in Rush Medical College. Vol. II.—Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia and London: W. B. Saunders & Company. Cloth, $3.00 net.

This volume continues the subject of Pathologic Histology in the Saunders Series of Hand-Atlases, and is handsomer than its companion volume issued some months ago. As in all the volumes of this well-known series of books, the illustrations are the special feature. The subject of pathologic histology is particularly adaptable to illustrativ treatment. In no other way can the subject be adequately presented. The lithographs of this volume are beautiful, and are accurate representations of the microscopic changes produced by disease. The great value of these plates is that they represent in exact colors the effect of the stains which are of such great importance for the differentiation of tissue. The text portion of the book is brief, but satisfactory, in that the leading facts are stated. The work is modern and scientific. The editor's comments are enclosed in brackets, and are thus easily separated from the opinions of the author. The Saunders Medical Hand-Atlases make a satisfactory post graduate course of clinics which the busy practitioner may take in his own office in leisure moments. There is nothing to criticise and very much to commend.—A. L. R.

Heisler's Embryology.—A Text-Book of Embryology. By John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia. Second edition, thoroly revised. Octavo volume of 405 pages; handsomely illustrated. Philadelphia and London: W. B. Saunders & Company. Cloth, $2,50 net.

The facts of embryology having acquired in recent years such great interest in connection with the teaching and with the proper comprehension of human anatomy, it is of first importance to the student of medicin that a concise and yet sufficiently full text-book upon the subject be available. The chapter treating of the Deciduæ and the Placenta has been rewritten, as has also the greater part of that upon the Chorion. In addition to these changes, several new illustrations have been added. Of the 196 illustrations, 32 are in colors, and all are good. The author is a teacher of long experience and unquestioned ability, and he has here distributed his wealth of knowledge well. Embryology is the primer of medicin, and this work elucidates the subject satisfactorily.—A. L. R.

Hirst's Obstetrics.—A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Third edition, thoroly revised and enlarged. Royal octavo, 873 pages, with 704 illustrations, many of them in colors, Philadelphia and London: W. B. Saunders & Company. Cloth, $5.00 net.

Immediately on its publication this work took its place as one of the leading text books on the subject. Both in this country and in England it is recognized as the most satisfactorily written and clearly illustrated work on Obstetrics in the language. It is clear, comprehensiv, original and up-to date. In this edition the book has been thoroly revised. New matter

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has been added to almost every chapter, notably those treating of Diagnosis of Pregnancy, the Pathology of Pregnancy, the Pathology of Labor, and Obstetric Operations. More than fifty new illustrations, including three colored plates, have been introduced, The literature of the subject has been carefully reviewed, and the most important references since the last edition are given. For students and physicians alike this will be found one of the most satisfactory books on the subject of Obstetrics, because the weak points have been elucidated in a manner never before attempted. The author's extended experience at the bedside and in clinical and didactic teaching has made him a past master in the art of teaching from the type. There is no better work for the general practitioner. The illustrations are superb, and the text and the mechanical execution are faultless. It is a gem in obstetric literature.—A. L. R.

Dorland's Modern Obstetrics.—Modern Obstetrics: General and Operativ. W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Associate in Gynecology, Philadelphia Polyclinic. Second edition, rewritten and greatly enlarged. Handsome octavo, 797 pages, with 201 illustrations. Philadelphia and London: W. B. Saunders & Company. Cloth, $4.00 net.

The first edition of this book was received with expressions of approval by the medical profession. In the revised edition it has been rewritten and enlarged. A number of new sections have been added, including chapters on the surgical treatment of puerperal sepsis, and the role of the liver in the production of puerperal eclampsia. Especial attention is given to the more recent pathology of obstetric conditions, as wellas to the physiology and hygiene of pregnancy and labor; a more accurate elaboration of the mechanism of labor has been adopted. This is the best small work on obstetrics we have seen. The experience of the author in practise and in teaching has taught him just what the average student and practitioner must know. Important points are given full space, and minor matters are briefly toucht upon. Sex determination has less than two pages, yet all competent authorities are quoted and past upon. The plates are taken from other works, and all are superb. The cuts are poorly executed, and we hope to see them improved in the next edition.—A. L. R.

Pathological Technique. A Practical Manual for Workers in Pathological Histology, including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By Frank P. Mallory, A.M., M.D., Associate Professor of Pathology, Harvard University Medical School; and James H. Wright, A.M., M.D., Instructor in Pathology, Harvard University Medical School. Second edition, revised and enlarged. Octavo, 432 pages, with 137 illustrations. Philadelphia and London; W. B. Saunders & Company, 1901. Cloth, $3.00 net.

In revising the book for the new edition the authors have kept in view the needs of the laboratory worker, whether student, practitioner, or pathologist, for a practical manual of histological and bacteriological methods in the study of pathological material. Many parts have been rewritten, many new methods have been added, and the number of illustrations has been considerably increast. Among the many changes and additions to this edition may be mentioned the amplification of the description of the Parasite of Actinomycosis and the insertion of descriptions of the Bacillus of Bubonic Plague, of the Parasite of Mycetoma, and Wright's methods for the cultivation of Anerobic Bacteria. There have also been added new staining methods for elastic tissue by Weigert, for bone by Schmorl, and for connective tissue by Mallory. The new edition of this valuable work keeps pace with the great advances made in pathology, and will continue to be a most useful laboratory and post-mortem guide, full of practical information.

Penrose's Diseases of Women.—A Text-Book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Fourth edition, revised. Octavo volume of 539 pages, handsomely illustrated. Philadelphia and London: W. B. Saunders & Company. Cloth, $3.75 net.

The author presents the best teaching of modern gynecology, untrammeled by antiquated ideas and methods. In most instances only one plan of treatment is described. The new edition has been carefully revised, much new matter has been added, and a number of new original illustrations have been introduced. The author is practical, rather than verbose. We admire his plan, and the call for the fourth edition in such short time proves that the profession appreciates the work. While being up to the latest teachings, it may be styled a conservativ work. Reckless operativ gynecology is not countenanced, but wherever relief may be promist the author advises medication or operation, and he specifies minutely the most approved method. It is eminently a work adapted to the needs of the general practitioner. No vital point has been omitted. It is a little classic in its line.—A. L. R.

Da Costa. Clinical Hematology. A Practical Guide to the Examination of the Blood with reference to Diagnosis. By John C. Da Costa, Jr., M.D., Assistant Demonstrator of Clinical Medicin, Jefferson Medical College; Hematologist to the German Hospital, etc. Containing 8 full-page colored plates, 3 charts, and 48 other illustrations. Octavo, 450 pages. Publisht by P. Blakiston's Son & Co,, 1012 Walnut street, Philadelphia. Price, $5.00 net.

This subject possesses intense interest for every conscientious student and practitioner; the surgeon no less than the physician. The book is a cyclopedia on the subject. Every plate and cut is clear and correct. The author does not make a "hobby" of the blood, but earnestly pleads for its due consideration in making diagnoses; and thus he gives us a well written and superbly poised work which will do much to broaden the clinical acumen of the reader. He has been collecting data and making a special study of this subject for six years, and he tells what he has learned in plain and clear language. A vast improvement is made in the alphabetical classification rather than the old "group" system. The entire work is eminently practical, and the recent great advances along this line make it imperativ for every practitioner to keep abreast of the times. The mosquito, as related to malarial and yellow fevers, has due attention. He declares that the Bordet test for human blood is a "specific test,"

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and entitled to medico-legal consideration since neither heat nor cold, putrefaction, age, or contamination can interfere with the reaction. Over a page is devoted to details, and any capable physician may perform it from these instructions. This one feature is worth the price of the book. The work is completely indext; you can find what you want instantly.—A. L. R.

Kirkes' Handbook of Physiology. By W. D. Halliburton, M.D., F.R.S., Professor of Physiology, King's College, London. Seventeenth edition, with 681 illustrations. 12mo, 888 pages. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, in cloth, $3.00 net.

We have never seen so much valuable matter on this subject brought out in a book of such moderate price. The binding and typography are good, and the repeated editions have admitted the expulsion of all editorial errors. There are few books suited to the use of both student and practitioner, but this is one of them; the student who buys it will not feel the need of another when he begins practise. The colored plates are not excelled, and the cuts in black and white are clear and distinct. This work must appeal to the general practitioner because of its thoroness, general excellence and low price; it will attract the student who selects carefully for economical reasons; it should satisfy all purchasers.—A. L. R.

Diseases of the Digestiv Organs in Infancy and Childhood, with Chapters on the Diet and General Management of Children and Massage in Pediatrics. By Louis Starr, M.D., late Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Consulting Pediatrist to the Maternity Hospital, Philadelphia, etc. Third edition, rewritten and enlarged. Illustrated. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, $3.00 net.

The author's name is sufficient guarantee for a valuable work, and the third edition proves that it has been appreciated by the profession. We find obsolete and useless matter eliminated. Among additions we note articles on "Simple Atrophy," "Infantil Scurvy," "Rickets," "Lithemia," "Infectious Tonsillitis," "Proctitis," "Appendicitis," etc. Small space is devoted to drugging, and greater stress is laid upon dietetics and hygiene, tho we note many valuable prescriptions given with minute directions as to indications. This edition is well edited, and paper and typography may not be criticised.—A. L. R.

A Manual of Bacteriology. By Herbert U. Williams, M.D., Professor of Pathology and Bacteriology in the Medical Department of the University of Buffalo. With 90 illustrations. Second edition, revised and enlarged. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, $1.50 net.

This book aims to give primary laboratory instruction, and also to teach the practising physician the elemental facts which he should know regarding bacteriology. The author has succeeded famously in producing such a work. Much of the material is compiled, but the original matter shows the trace of a master hand. The illustrations are clear and instructiv.—A. L. R.

Materia Medica, Pharmacy, Pharmacology and Therapeutics. By W. Hale White, M.D., F.R.C.P., Physician to and Lecturer on Medicin at Guy's Hospital, London; Author of a Text-book of General Therapeutics. Edited by Reynold W. Wilcox, M.A., M.D., LL.D., Professor of Medicin and Therapeutics at the New York Post-Graduate Medical School and Attending Physician to the Hospital; Visiting Physician to St. Mark's Hospital; President of the American Therapeutic Society; Fellow of the American Academy of Medicin, etc. Fifth American edition, thoroly revised. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, $3.00 net.

Despite careful condensation and the elimination of obsolete matter, we find this edition full forty pages larger than the last. The seal of professional approval has been placed upon this book long since by the students, practitioners, and teachers of medicin thruout the world. We know of no other work covering these fields which has so much of value and so little useless material, and condenst in such an admirable and practical manner. It is one of the few medical works adapted to the needs of all classes of doctors. The various antitoxins, serums, and preventativ inoculations are considered. The author is an advocate of diphtheria antitoxin. Editor and author disagree on the value of tetanus antitoxin. Antistreptococcic serum is described, but no opinion is exprest. Regarding antipneumococcic serum the author says "evidence of its efficiency is slight." Antivenomous serum for snakebite has commendation. The author makes contradictory statements regarding plague serum when he says "its efficacy is doubtful," and follows with "Haffkine has shown that those thus vaccinated rarely contract plague when exposed to it." Of cholera serum he says, "This serum is of no therapeutic value, but there is some evidence that vaccination with cholera microorganisms affords some protection." The author evidently leans strongly toward vaccination as opposed to serum injection in the majority of cases. The opinions of author and editor are separated by the editorial notes being enclosed in brackets. We have rarely seen so thoro and complete a work in a small book.—A. L. R.

Caspari's Pharmacy. A treatise on Pharmacy for Students and Pharmacists. By Charles Caspari, Jr., Ph.G., Professor of the Theory and Practise of Pharmacy in the Maryland College of Pharmacy. New (second) edition, revised and enlarged. In one octavo volume of 774 pages, with 301 engravings and a plate of portraits of the leaders in pharmacy during the last half of the nineteenth century. Cloth, $4.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This is one of the best books on this subject, for the student and practitioner. It is thoro, yet concise; up to latest knowledge, without the employment of untried theories. It is well illustrated, and every cut means something to the student. Its frontispiece might well be removed and framed. Paper and printing good, and editorial style is perfect. It contains just what the doctor needs to know about pharmacy; and it gives just what the pharmacist must know. The tests given are more complete and modern than those ordinarily given in such works.—A. L. R.

The Practise of Obstetrics. By American authors. Edited by Charles Jewett, M.D., Professor of Obstetrics and Gynecology in Long Island College Hospital, Brooklyn, N. Y. New (second) edition, revised and enlarged. In one handsome octavo volume of 775 pages, with 445 engravings in colors and black, and 35 full-page colored plates. Cloth,

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net, $5.00; leather, net, $.600; half morocco, net, $6.50. Lea Brothers & Co., Publishers, Philadelphia and New York.

The illustrations will make this book sell well. Tho the text is superbly written, its brilliancy is eclipst by the original and unique cuts.

Those on auscultation of the fetal heart, on the Walcher position, and on digital and bimanual dilation of the os, are especially meritorious. Common errors are so plainly illustrated that the illustrations would form a valuble text book for the practitioner without any text. The illustrations of the parous and non-parous vulva are good. The valuable Hirst pelvimeter is illustrated. The obstetric Record suggested is complete, but much too elaborate for the general practitioner; tho from it valuable hints may be gleaned. Shultze's or mouth-to-mouth methods of resuscitation are recommended.—A. L. R.

A Treatise on the Acute, Infectious Exanthemata. Including Variola, Rubeola, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M.D., L.R.C.P.., London., Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 colored plates, 28 half-tone plates from life and 2 engravings. Pages viii-392. Size, 6¼ by 9¼ inches. Sold only by subscription. Price, extra cloth, $4.00 net, delivered. Philadelphia: F. A. Davis Company, Publishers 1914-16 Cherry street.

The book is thoro, timely and complete. No verbosity, or "fancy writing," but business clear thru. Such a work will check discussions on "Cuban itch." The author only commends it to novitiates in medicin, but he forgets that many practitioners never saw a case of small-pox; but he does not forget to describe it so that a freshman in any school should recognize it on sight. He covers all the exanthemata well, but small-pox best of all. Few fail to diagnose measles or scarlet fever, and, especially in an epidemic; but many trip up when measles, chicken-pox and small-pox come simultaneously. We have never seen better illustrations of the exanthemata.—A. L. R.

An International System of Electro-Therapeutics. For Students, General Practitioners, and Specialists. By Numerous Associated Authors. Edited by Horatio R. Bigelow, M.D., Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Société Française d'Electro-Thérapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynæcological Electro-Therapeutics," and "Familiar Talks on Electricity and Batteries" Second edition. Revised and brought up to date, with Several New Departments embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M.D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroly illustrated. Royal octavo. Pages x-1,147. Prices. net, delivered, extra cloth, $6.00; sheep, $7.00; half-russia, $7.50. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry street.

Too many practitioners ignore the benefit to be derived from the proper application of electricity, and this work will open new fields of valuable thought for every reader. While covering the field completely, minutiae are not omitted. Every contributor has won hard earned laurels in the domain of medicin. Four new articles appear, and all the text has been carefully edited and supervised for this edition. The occurrence of keloid following electrolysis is noted, and the statement made that the operator failed to remove it by electricity; thus it is plain that the editor tries to be fair. Every writer has done his best to advance the science of medicin, and those who do not treasure their researches will be losers. The worn objections to books written by different authors and edited by one man, will not hold here.—A. L. R.

Transactions of the American Electro-Therapeutic Association. Complete account of Ninth Annual Meeting held at Washington, D. C., September 19. 20, and 21, 1899; also Tenth Annual Meeting held at New York City, September 25, 26, and 27, 1900. Illustrated. Pages xv-391. Size, 9¼ by 6¼ inches. Price, extra cloth, $2.00 net, delivered. Philadelphia; F. A. Davis Company, Publishers, 1914-16 Cherry street.

The book has a table of contents, but no index. It has much valuable matter not electrical, and there is not a dull page in the book. The cuts of the various spitting flasks for consumptivs are instructiv. The slowness of electricity in many diseases is deplored, and every writer and all discussions seem fair.—A. L. R.

Libertinism and Marriage. By Dr. Louis Jullien (Paris), Surgeon of the Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicin, and of the Faculty of Medicin of Paris. Translated by R. B. Douglas. Size of page 5½ by 7½ inches. Pages v-169. Extra cloth, $1.00 net, delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry street.

This little book discusses entertainingly the matter of the relation of venereal disease to proper marriage. It advocates a certificate of health being issued to every one proposing to marry, by a physician competent to make an authoritativ examination; such certificate to be placed in the hands of the contracting party, and so worded as to be a recommendation or a condemnation, as the case may require. Therapeutics have small space. Sterility is only mentioned incidentally. There is no beating around the bush; all subjects treated are handled without gloves. The suggestions as to the proper questions and the methods of conducting delicate cases where domestic happiness is involved, are alone worth the price of the book.—A. L. R.

Syphilis; Its Treatment and Diagnosis. By William S. Gotthelf, M.D., Professor of Dermatology and Syphilology, New York School of Clinical Medicin; Dermatologist to the Lebanon and Beth-Israel Hospitals, the West-Side German Dispensary, etc. Profusely illustrated. Pages 216. Price, $1.00 net. G. P. Engelhard & Company, Chicago.

This little work meets most admirably the needs of that class of practitioners who cannot afford the larger works designed to meet the needs of the specialist. It is thoro and completely up to date. The illustrations are good; the paper and printing excellent. It is generous in therapeutical suggestion, and complete in diagnostic instruction. It has the cream of all the large text books, and is not encumbered by anatomy or surgery which is not germane to the subject in hand.—A. L. R.

The Standard Medical Manual. A Hand Boek of Practical Medicin. By Alfred S. Burdick, M.D., Junior Professor of Practise of Medicin. Illinois Medical College; Member of

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the American Medical Association, the Illinois State Medical Society, etc. Pages 921. Illustrated. Price, cloth, $4.00. G. P. Engelhard & Company, Chicago.

This is a work of common-sense helpfulness for the weary and worried practitioner who has no chance for a post-graduate course and is distant from helping counsel. It is a compilation of the best things the author could glean from all the medical journals. The curiosities in medicin are given scant space, and the every-day subjects have the floor. He tells more about "measles," "nose-bleed," "eczema," "gonorrhea" (and he calls it "clap," so you will know what he means), "headache," etc., than you could learn in a dozen post-graduate courses. Every man who feels that he might do more for his patients than he is doing, should get this book. It is not a classic, but it will prove invaluable to the mass of practitioners. Much of the text is made up of tables of comparativ diagnosis and of tried prescriptions.—A. L. R.

Landmarks in Gynecology. By Byron Robinson, B.S., M.D., Chicago. Second edition, revised and enlarged, with over 100 illustrations. Publisht by E. H. Colegrove, Chicago, Ill. Price, $2.50.

The author's name is now familiar; he is a capable teacher, and quite as good a writer as he is a teacher. This work can not be criticized. The editing, the mechanical excellence, the text, the illustrations, leave nothing to be desired. The student and practitioner will find it indispensable. The minor portions of the text which seem labored and ponderous are only so, evidently, because of the author's effort to make everything plain. Certain ideas of the author may well be studied thoroly by general practitioner and specialist, and all will glean new thoughts. The importance of the microscope is emphasized. He has not hesitated to consult his wife, and who may speak better of women than woman herself. The work is unique; it is outside the worn rut of the old text books. It is pregnant with valuable suggestions which are not found elsewhere.—A. L. R.

A Text-book of Medicin. For Students and Practitioners. By Dr. Adolf Strumpell, Professor and Director of the Medical Clinic at the University of Erlangen. Third American and thirteenth German edition. With one plate and 185 illustrations of the text. Publisht by D. Appleton & Co., New York, N. Y. Price not given us.

The book contains 1,215 pages. It is a condenst cyclopedia of medicin. Strumpell's writings need no elaborate commendation, for the profession accept anything he writes as authoritativ. The illustrations of the results of primary degeneration of the motor tract are the best ones in Neurology. No useless cut has place. The index is sufficient for any demand in haste, and few are. The cut of the "turpentine-pipe" on page 166, is worth the cost of the book for use in any one case of bronchitis or pneumonia. All the editorial notes are separated by easily understood brackets. This famous classic is now publisht and sells well in eight languages. The worthy Doctor will think long and study hard if he ever puts out a better work (the probable future discoveries not entering the question).—A. L. R.

Our Monthly Talk.

The Medical Profession as an Economic Factor.

I have been askt to write, for a projected work to be called "The Economic Year Book," an article on the above subject. Let us stop and reflect a moment. Did we ever think of our profession as an economic factor, and of ourselves, each one, as an economic unit? We have always known that we play an important part in the great game called civilization, but we have seldom, if ever, thought of our economic relations to the other factors in the game. We have been too busy taking care of sick people (and too modest, also) to think much about ourselves. But whether we realize it or not, the fact remains that we have extensiv and intricate relations with all classes of society. Civilization consists of relations and inter-relations among all the factors making up society, and the more numerous the factors, and the more intricate the relations, the higher the degree of civilization.

In considering the medical profession as an economic factor, the first inquiry to make is that of numbers. I am acquainted with many lists, and I estimate, conservativly, that there are about 135,000 medical practitioners in the United States. Some might claim that there are eight or ten thousand more, but such list would include midwives and others who cannot, by the most liberal construction, be considered members of the medical profession. Others might favor a more restricted list, omitting the physio-medicals, many of the eclectics, etc. But in considering the medical profession we must include all who contribute to its numbers—all respectable members of every legitimate school—all who have been educated for this kind of service, and who practise medicin for a living. To the best of my knowledge, 135,000* is both a liberal and a conservativ estimate, if I may make this double, and somewhat contradictory claim, and each year now adds from 4,000 to 6,000 new recruits, scarcely more than half of whom, however, ever become real practitioners of medicin, in the sense that we are considering, and the death-roll claims its quota every year, not only from the aged, but from those in the prime of life as well.

Incomes of Physicians.

The next question in economics is, What is the income of each, or of all combined? This we must approach by separating the profession roughly into classes. Knowing the trying conditions and vicissitudes of our brethren as some of us do, I think that those who have had opportunities of knowing will agree that about 100,000 of the physicians of this country receive an income of less than $1,500 per year. This includes all the struggling beginners (most of us have painful recollections of the struggling stage), the income of many of whom is only $500 or even less; and those at the other end of their professional career, either voluntarily "letting go" or involuntarily "losing their grip," and those who, tho mentally capable and in every way worthy, have

*The sum total of the various lists in our office, eliminating duplications, amount to 137,608. But possibly there is some "dead wood" in some of these lists.

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not the knack of getting along, financially, in the practise, and also those who, tho able, enterprising and alert, are beset by unfavorable conditions that they are in no way responsible for, as sharp competition, poverty of the people, etc. All of these classes are quite large; and many of us are, have been or will be, members of one or more of them. Considering all these classes, and others that might be mentioned, as those suffering from ill health or other misfortune, etc., it seems to me safe to estimate that 100,000 of the physicians of this country receive a yearly income of $1,500 or less. This estimate, it seems to me, we can safely average at $1,000 per year each.* Then here we have our first great economic fact: 100,000 times $1,000 equals $100,000,000. Quite a showing for the "small fry" after all.

After passing this point, our problem becomes more difficult. Who can say how many of the remainder receive an income of from $1,500 to $2,500 per year from their practise? Many whose sun is beginning to set have done so, and many who are now struggling will do so; but the question is, what number of the remaining are doing so now? Many are "booking" that much or more; but the question is, how many are *getting* that much? Naturally this will be the next largest class, and we will put it at, say 20,000, and the average received by each at $2,000. This class, then, receives $40,000,000—almost half what the first class receives!

Financiers, "operators," speculators and exploiters may regard these individual incomes rather small; but they should remember that the masses of the medical profession are hard workers; they earn much more than they receive; they give a larger proportion of their time and services to charity, and to the cause of humanity and science, than any other class. Also, most of our worthy brethren live away from the large centers of population, scattered in towns, villages and hamlets, on the prairies, in the wood-lands. Wherever humanity has sought out an abiding place, there faithful physicians have followed, and are ready to serve. In these comparativly out-of-the-way places the expenses of living are very low compared to the expenses of city life. Rents are low, eatables are cheap, horse feed can be gotten usually from patrons not able to pay in cash, there is not so much "style" to keep up, and hence an income of $1,000 or $2,000 under these circumstauces means a very different thing from what it would where all these conditions are reversed—and hence fees must be correspondingly low.

Now let us make another jump of $1,000—incomes from $2,500 to $3,500, averaging $3,000. How many doctors are there in this class? We have 15,000 left of the 135,000. As we go up in the scale the classes will become smaller. Suppose we put 8,000 of our 15,000 into this class, and then pass on to the next, We pause to say, however, that $3,000 per year in a moderate-sized town will keep a family very nicely, with some to spare for life insurance or investment. Indeed there are many practitioners in large cities who do not make so much.

We will make the next class of those whose income is between $3,500 and $7,000 averaging $5,000. Now we are coming to the more fortunate classes of our profession—the medical aristocrats, as it were. Perhaps half the rural counties have one each, usually at the "county seat," or county capital. This would account for about 2,000, roughly estimated. The smaller cities have one or more each, and the larger cities have still more, particularly among the surgeons and specialists. Allowing 3,000 for the cities, large and small, we would have 5,000 altogether in this class.

We have only 2,000 left, with an income of more than $7,000 per year. These we will have to allot to the cities almost entirely. Suppose we make a class of those receiving incomes from $7,000 to $15,000 per year, averaging $10,000 and placing the number at 1,500.

This will leave us 500 receiving annual incomes from $15,000 upward. I doubt if this fortunate class is larger than 500. I am sorry to say that there are few general practitioners in this class. General medicin does not bring the great rewards that specialism does. A few general practitioners who have the very wealthy for patrons can make a large income, but they are necessarily few. Surgeons, oculists, aurists, gynecologists and other specialists can charge large fees, even tho the patients be not so very wealthy. Some say that unusual skill deserves unusual rewards. Others might say that that particular skill is so rare in any community (necessarily so because of limited facilities for obtaining it), that advantage is taken of the necessities of the patient. A popular specialist could afford to do his work for less money, but he does not need to, as patients flock to the popular one (and he is necessarily a hard and conscientious worker); hence the large income. Suppose we divide our remaining 500 men as follows:

200 receive $20,000 each per year.
150 " $25,000 " " "
100 " $30,000 " " "
50 " above $30,000 each per year (average of latter say $45,000).

This last 50 is a very interesting class. I wish we knew more about them. Philadelphia has possibly a dozen. Two recently lamented general practitioners—Pepper and Da Costa—probably belonged to this class. This, however, is unusual. It is said that Surgeon Keen has done a practise of from $50,000 to $75,000 per year, but he does not care to do so much now. It is said that Surgeon John B. Deaver comes next—how close we do not know. Perhaps New York (the millionaire storm center), has a score or more of this interesting 50, and Boston, Chicago, St. Louis and other large cities have their quota.

*PHYSICIANS IN GERMANY.—From statistics issued recently by the *Aerztlicher-Central-Anzeiger*, it is shown that in Germany there is one physician to every 1,850 persons. The population has grown at the rate of 11½ per cent., but the doctors have multiplied at the rate of 63 per cent. For every 500 physicians who die yearly, there are 1,350 yearly graduated. Half of the physicians and surgeons of the German Empire earn a yearly income of less than 3,000 marks ($714). According to Hirschwald's Medical Directory there are 27,039 medical men in Germany, which shows an increase of 10.7 per cent. since 1897, whereas the increase of the population during the same period was 6.1 per cent. To every 10,000 of the population there are on an average 4.8 medical men, this varying from 12.22 in Berlin and 7.55 in Hamburg to 2.63 in Russia.—Amer. Med.

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But my heart is with the first large class—those who go thru storm and darkness, o'er lonely prairie and thru dreary woods, to serve humanity for a pittance, or perhaps for nothing at all, except the satisfaction that comes from bringing to suffering fellow beings the blessings of our beloved science.

But to come back again to sordid dollars, we will sum up as follows:

100,000	times	$1 000	equals	$100,000,000.
20 000	"	2,000	"	40,000,000.
8,000	"	3,000	"	24,000,000.
5,000	"	5,000	"	25.000,000.
1,500	"	10 000	"	15,000,000.
200	"	20,000	"	4,000,000.
150	"	25 000	"	3.750,000.
100	"	30,000	"	3,000,000.
50	"	45,000	"	2,250,000.
Grand total				$217,000,000

Here we have a great and important economic fact. The medical profession collects from the other members of society $217,000,000 per year! This is for *services* only—medicins and appliances of all kinds are not included in this estimate. They belong to another part of the economic problem that we are now considering.

What do We Give in Return for $217,000,000 Per Year?

For all this money we give nothing tangible in return—that is, we give no goods; our hands make nothing for society to consume. Then how can we justify this vast expenditure upon us? Here we will have to go somewhat into intangible values. What is it worth to be relieved of pain? What is it worth to change the ashes of illness to the roses of health? What is it worth to change groans to laughter? to supplant despair with hope? What is it worth to be restored to health, happiness, and usefulness? What is it worth to save an eye, or to save an arm, or to save a life by sacrificing an arm? What is it worth to have your loving child grasped from the dark valley and given back safely to your arms again? What is it worth to hear loved lips speak again, and to see the glow of health return to the idolized face?

The reply to these questions is, that such services are worth much more than is paid for them; indeed, their value is beyond computation. If life is worth living at all, as much of such services as may be needed, or as can be gotten, is in many instances as important as life itself; and the cost of the same is the best possible investment that can be made. The returns of such investment may not come in dividends nor interest, but in comfort, health, satisfaction, etc., the essentials for and by which we live.

As great and as incomputable in value as these services are, there is a coldly and materially computable side to our services to society. Recently I saw an item somewhere to the effect that in a certain English community a baby was estimated to be worth five pounds ($25) to the community. Then it is worth something to give safe birth (safe to both mother and child) to such baby. Also, it is worth something to give the baby such attention during illness as will preserve its life. Adults in the prime of life are the economic (productiv) units of society. To save the life of one of these is a direct economic service to society; to lessen the days of illness is also as direct an economic service to society. Famine war, and pestilence are the three great arch enemies to society. The latter has been almost conquered by the medical profession. The value of this service alone in the past is well nigh beyond computation; and this service must be and is continued constantly. Our members are an army, 135,000 strong, distributed along all the lines of possible approach of the enemy (contagious diseases arise in our midst as well as threaten the frontier), and this army must be supported. To disband it would mean invasions of the most expensiv and destructiv kind. The flag must be kept flying—and rations must be forthcoming.

What Investment for Preparation?

The basic economic consideration in any business is the investment required to start. This, with a doctor, is first the cost of his medical education. In approaching this question we must at once appreciate its difficulty. We must first review the history of medical practise and of medical education in this country. In the early times when medical colleges were few and mostly or entirely in the East, and transportation facilities were crude, scarce and expensiv, and when doctors were too few to meet the demands, many students read a while with a preceptor and then "blossomed out." Many of them afterward went to college, and many did not. How many of these are still "on deck," and figure in our 135,000? I can scarcely venture to guess; but one thing is certain: Their numbers are rapidly diminishing each year. I have no criticism to offer. They did their best in their time. We of the present have better conditions. Let us be thankful.

The next, a larger class, consists of the "one course men." Usually after some preliminary reading with a preceptor, with possibly some practise with him, these men attended one course of lectures at a medical college and then "hung out their shingle." Many more of these are still in our ranks than of the first class.

I feel convinced that our numbers are made up at present chiefly of the "two course men." Up to a comparativly recent time the average medical college education was made up of two courses of lectures, exactly alike, the first course men and the second course men being in the same class, listening to the same lectures, the only difference being that the second course men had heard these same lectures once before (how strange, how ridiculous); then an examination of the second course men (the first course men were not eligible), and graduation of those who passed—and in those days few were "pluckt." Yes, we might as well face and admit the fact that the majority of the activ practitioners of today, take the country over, received just such a medical education. Some have taken post graduate courses since, but the majority have not, and will not—cannot. But most of these men have been and still are students, activ and alert. They have made a fairly good record, and they are not a discredit to the profession of which they now make the larger integral part.

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The last 15 years have seen a wonderful change in medical education. A few of the older and bolder colleges required a three years course, somewhat graded in some instances. This movement grew rapidly until the three years requirement became universal, and the grading was more carefully done. Now the four years requirement, with still more careful grading, is established in all the better grade of colleges. Post-graduate schools have also grown in number and patronage.

Now, with all the above before us, how shall we estimate the average cost of medical education to the members of our profession as the profession exists at the present time? The early courses were short—3 to 5 months; now they are long—6 to 9 months. Tuition has also advanced. The "general ticket" formerly cost from $40 to $75, the most expensiv colleges charging $140. Now the range is from $50 to $200, *and more years.* The accessory fees, for matriculation, practical anatomy, laboratory, graduation, etc., have not changed much, tho there are more kinds of laboratory fees. Traveling, clothing, board and books are additional items. Shall we count a salary during the time consumed in preparation as a part of the cost of same? and if so, at what rate? You see our problem is not an easy one. While I have been writing these lines $2,000 has been hovering in my mind. I don't know why, for I have never tried estimating the items and putting them together—it would be hard to do. But what is the matter with "lumping" it at $2,000? It is liberal when we consider all that has been said above; but it is conservativ when we consider the medical education of today. If we adopt $2,000 as the average cost of the medical education of our 135,000 we would have the following:

135,000 times $2,000 equals $270,000,000.

This represents investment in education, a few standard books, as a work on anatomy, chemistry, etc., being included. However, a doctor's education is never completed. Dr. J. G. Holland said that the success of a professional man depends upon the way he uses the first ten years after he enters the profession. If this is used mainly in close and systematic study, with the best possible use of the experience that comes to him in that time, it is very probable that during these first ten years he will lay the foundation for success in his profession. All that really belongs to the educational account. Not only during the first ten years, but during his whole professional life the doctor should be a student, frequently courting his books and magazines by the midnight lamp. The farther we pursue the item of education, to measure its economic cost, the more difficult the problem becomes. So I guess we will have to leave it in this indefinit and unsatisfactory shape.

Cost of Medical Books and Periodicals.

This item really belongs to the educational account, but it seems comparativly easy to measure it; and more for that reason than any other we separate it. Medical books and periodicals were never so good as now, and never so cheap, compared with their value. What is the value of the average doctor's library? The medical student upon graduation buys some books, but how many on an average? I think that $50 would be rather an over estimation, for the average medico doesn't have much money left by the time he gets his "sheep-skin." Possibly he may spend $50 for books during the first year—he ought to if he can. After the first year his yearly purchases of books must be averaged with that of the profession in general. This I think can be put at about $10 or $12. This will buy two or three new books. This seems small compared to the library and yearly purchases of the exceptional man, but we must consider all; and among them are the young men anxious but too poor to buy; and those too old to think it worth while to buy and read books (a great mistake); also the men who are too lazy to read (a great crime), or who think they "know it all" already and who continue to practise on their past reading and experience (also a crime). We will then consider $50 as the average nucleus of a physician's library, with an addition of an average of $10 per year. This will give the following showing:

135,000 times $50 equals $6,750,000.
135,000 times $10 equals $1,350,000.

This shows, approximately, the library side of the profession's working equipment. As to present value, the average yearly additions will not more than maintain the original average value of $50.

As to periodicals, they have come to be about as important a helper to the physician as his library. Medical periodicals exist in such great numbers and variety that every taste can be gratified—every need be met. I know of no investment so valuable to the physician as a well chosen list of medical periodicals. There are scarcely any publisht that are not well worth their price, and most of them are worth much more than the comparativ trifle askt for them. Every physician should take (and pay promptly for) from four or five to a dozen, well selected according to his needs. But the melancholy fact is, that while there are perhaps still some doctors so benighted as to subscribe for no medical periodical (or who sponge their way on sample copies—they are usually called "sample copy fiends"), yet a larger class think that they are doing their full duty to themselves and to science by subscribing for only *one.* They are the men who will say: "I will stop taking the so and-so because I am going to take the so-and-so this year. Bless them, they should take *both* and more too; they are the men who *need* to reach out for every available assistance. May these two classes grow fewer and fewer each year. However, the great bulk of the activ and successful practitioners are patrons of medical periodicals, and many of them are liberal patrons. But putting all classes together perhaps an average of $5 each per year will give us as large a sum as we can at present allow for medical periodicals. This will give us:

*135,000 times $5 equals $675,000.

*I submitted this article to three of the largest medical publishing houses in this country and askt criticisms or comments. The following replies were received:

Your favor of 3rd is duly at hand, and we thank you for

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Instruments.

The next item in the equipment of the medical man that we will consider is instruments. The newly graduated medico will get a thermometer ($1.), a hypodermic syringe ($1.50), and a pocket case of instruments (from $3. to $10.). Only the exceptional man will go beyond this. Operating and obstetrical instruments are not likely to be needed during the first several years of practise. Men who incline toward surgery, or who develop a specialty, equip themselves quite liberally with the necessary instruments; but the average man does very little of this; hence his equipment is simple, going very little beyond the above mentioned. I doubt if the investment for instruments would average a present value of more than $15. for each of our 135,000. Putting it at this, we would have:

* 135,000 times $15. = $2,025,000.

submitting your interesting article in advance of publication.

It is very difficult to estimate with any degree of accuracy the annual purchases of medical students and practitioners; we think, however, you have over stated, both in books and periodicals. In books the amount is less than $1,250,000, and in periodicals certainly less than $500,000.

Yours very sincerely,
LEA BROTHERS & CO.

Your note of the 3rd inst., enclosing galley proofs, came duly to hand. Mr. Saunders is at present in London, and will not return for three or four weeks. We have read with interest the proofs of your article. The figures you give as to the cost of medical books and periodicals, seem to us to be a fair estimate.

Yours very truly,
W. B. SAUNDERS & CO.

I beg to acknowledge receipt of your note of the 3rd enclosing galley slips of your article on "The Medical Profession as an Economic Factor." I have read this with a great deal of pleasure and instruction. The matter had never been presented to me in this shape, and I have nothing to criticize.

You place the probable number of physicians in this country at 135,000. I imagine this is nearly correct taking into consideration all kinds and conditions, tho the list which we depend upon is something under 123,000.

Your estimate of income seems a fair one. It is certainly not too large.

Your estimate that the average amount expended for books is $10.00 per annum is not far wrong, tho this average is made up by a large number of men who are very liberal purchasers; many men apparently do not purchase any books.

There is one matter that you do not take into consideration: That is, that physicians, like clergymen and lawyers, are looked upon as a special class by the publishers of miscellaneous books. They are large purchasesr of standard works such as the Century Dictionary, the Cyclopedias, sets of Dickens, Balsac and other prominent novelists, and many of them are interested in the allied sciences and must buy scientific books.

I shall be very glad to see the article when it is issued. With best regards I beg to remain,

Yours very truly,
KENNETH M. BLAKISTON.

[As purchasers of miscellaneous books, physicians can not be class by themselves, but must be considered with all other purchasers of the same; and hence this feature is outside the subject of this article.—C. F. T.]

*I submitted this estimate to several instrument dealers, and every one at first said that the estimate is too low. They said that particularly is the medical student estimate too low; that students spend from $25 to $75 for their outfit upon graduation. Upon inquiry, they told me that nine-tenths of the students buy obstetrical forceps and other obstetrical instruments. If this is true, young doctors own obstetrical forceps a long time before they use them, for it is seldom, indeed, that a practitioner has occasion to use forceps during his first five years of practise. Should a difficult case occur with so young a man, he should have counsel: and the older man called usually has forceps. However, these instrument dealers get their ideas from students who *come into their store and purchase*; leaving out of the calculation students who expect to practise, for several years at least, with their preceptors, who are already supplied with instruments; and also, the men who, after the financial strain incident to a college course, are too poor to buy. It is probable that those who purchase, buy more largely than I have stated; but they must be averaged with those who do not, or cannot, buy.

As to the annual purchases of instruments by the profession at large, the average must take in the young and struggling, hence poor, man, and the old man who expects to "let go" in a few years, and hence buys no more new instruments, but who, as a matter of fact, "hangs on" for 10, 12 or 15 years, continuing to do a little practise to the end.

Another way to get at it is to consider the sum total of the surgical instrument business done in the country per year. There are certainly not over three or four houses that do a business of $200 000 each per year; there are perhaps a few more that do $100,000 each per year. But with this quite liberal estimate, we have a total of only from one million to a million and a half dollars. The smaller stores will certainly not bring the sum total to more than our figure of $2,025,000. Then a very important point is this: trusses, supporters of all kinds, crutches, invalid chairs, and surgical appliances of all kinds, which make a large part of the sales of instrument dealers, do not belong to our category—are not a part of the doctor's equipment; they are purchased by or for the individual patient, and are *not* a part of the equipment of the medical man. After "threshing the matter over" pretty thoroly, I am disposed, for the present at least, to allow my original figures to stand. However, I will welcome any further light or information on this section, or any other section, of this article.

Medicins.

Pharmacy is a hand-maiden to the practise of medicin, but not necessarily a part of it. The drug trade is a great interest in itself; it is in itself a great economic factor; hence it deserves, and doubtless will get separate treatment from some able hand. But in so-far as medicins form an equipment of practising physicians, they are an element in the economic consideration of this subject. Then, to what extent is capital invested in drugs by physicians? We at once see that this question is exceedingly difficult to answer. Many physicians, mostly those living in the rural districts and in small towns, have as much as $50. constantly invested in medicins. On the other hand, many city physicians own no medicins at all, except the tablets that happen to be in their hypodermic case—less than 50 cents in value. Each of these extremes represent a large class, and there are numerous and larger classes all the way between. Then how is it possible to make anything like a true estimate. The homeopathic physicians (about 10,000 strong) carry their own remedies. I will confess that I have no knowledge of the cost of their remedies, nor of the average stock kept by each. However I would guess it to be much less than $50.; certainly it is between the limits we have mentioned—50cts. and $50., and perhaps less than $25. The alkaloidalists are a recent development. Dr. Abbott may be able to tell us something about their number and average equipment; bnt they, also, certainly come within the limits above mentioned, the average probably falling below $25—perhaps far below. We are considering constant equipment, and not average purchases per year. The latter we will not attempt; but considering all classes, I feel that $10. would represent not far from the average value that the average doctor has constantly invested in medicins. We must remember that the average city physician has practically no such investment at all.

Then we must consider saddle bags, buggy cases, hand satchels (for medicins), pocket medicin cases, etc. These are a part of the equipment of every physician who furnishes medicins, either constantly or occasionally. Suppose we put $5. as the average for this item. Then we

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have $15. as the average equipment for medicins and containers:

135,000 times $15.=$2,025,000.

Physicians have certain economic relations concerning the sale of remedies, which we will consider. We write prescriptions that are filled by the druggist. We get paid for our services, including the writing of the prescription. The druggist gets paid for the constituents of the prescription, and also for the trouble and skill involved in preparing the same. We can see that there are two distinct economic factors here. Our side is only one of these factors, altho the two are intimately related. A large part of a physician's work is to direct people what to get, and how to use it; for example, Scott's emulsion first obtained an enormous sale thru the medical profession. The proprietors then deserted their first friends (as is so frequently done) and went to the general public. Years ago I heard that one physician in Jersey City had prescribed 1,700 bottles of hydroleine. Whether he is still keeping up that record, or has been "switched off" on some of the numerous competitors of that excellent preparation, I do not know. Turn thru the advertising pages of any medical magazine and you will see numerous solicitations for the patronage of physicians, not as users, but as prescribers. The genial Parmele has read letters to me that he has written to lay people who apply to purchase, or for information concerning arsenauro. He tells them that they can get it *only thru their physician*; that if they will give their physician's name and address, he will supply said physician with literature, and possibly with samples; but that the preparation is supplied only on the order of a physician. Thus we see illustrated an economic function peculiar to the medical profession—different from that of any other trade or profession. It is my purpose to only point out this peculiar economic function, and not attempt to measure the magnitude of its meaning. The economic results belong rather to the drug trade. The pay of the physician for his services has already been considered.

Physicians use horses, harness, carriages, saddles, etc., but economically they belong with other users of the same articles. Physicians and their families use hats, shoes, clothing, houses and household articles, newspapers, books other than medical, foods, etc., but as such they belong economically with other users of the same things.

Have we left out any particular in which the medical profession has separate and distinct economic relations? If so please suggest it, in order that this treatment may be made complete for the book mentioned at the beginning. The above estimates are respectfully submitted for suggestions, alterations or amendment by any who feel that they have facts to justify the same. Perhaps the above is the first attempt ever made of this kind, and hence many inaccuracies are doubtless present. The estimates are based on a rather long and wide knowledge of the profession; but I have no wish to be dogmatic. A cooperation among those who have had the best facilities for knowing the medical profession will bring the greatest attainable accuracy

I hope that this study of ourselves and our economic relations to society in general will prove not only interesting, but that it will give every doctor a taste for economic studies, and lead to the medical profession becoming recognized masters in the important and rapidly growing sciences of economics and sociology.

Practical Points.

In your trying cases of gouty rheumatism try Freligh's Rheumatic Remedy. See the adv. on page 19 for testimonials from physicians who have had experience with it.

See page 6—Rio Chemical Company's advertisement, and see the small type at lower right hand corner of the adv.

Dr. J. D. Albright, 900 North 48th street, Philadelphia, announces that he will send a copy of his work, "The General Practitioner as a Specialist," C. O. D. $3.50, all charges paid, and subject to examination, for approval or otherwise, to any physician who mentions THE MEDICAL WORLD. The doctor is evidently willing to stand or fall on the merits of his book.

See page 22 for advertisement of insurance against malpractise suits.

"Iodipin finds its greatest field of usefulness in those forms of tertiary syphilis where the iodides, on account of gastric disturbances, are contra-indicated."

Quoted from Merck & Co.'s advertisement on page 13.

Do you realize the danger of carrying disease germs from one patient to another by means of the clinical thermometer? If you have never done so, you at least admit the possibility of so doing. Why not remove this possible danger? Before long intelligent patients will demand that the thermometer be sterilized before they will take it into their mouth. The best and most convenient means of accomplishing this that has come to our notice is by the use of the "Norwich" antiseptic thermometer case. Keeps your thermometer always aseptic. Write to the Norwich Pharmacal Company, Norwich, N. Y., for particulars.

We are all agreed that wheat is one of the most valuable foods man has; then why not see to it that both your patients and your own family get it in its full value. See page 27. You will find it interesting.

Dropsy; cirrhosis of the liver; Bright's disease; if you have cases of any of the above you will be interested in the Anasarcin advertisement. See page 14 and send for a sample.

The Treatment of Nasal Catarrh. Mannon (*Cincinnati Lancet-Clinic*) finds no danger whatever from the use of the nasal douche provided ordinary care is taken and a proper solution is employed. The charge that post-nasal douching

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is prone to excite inflammation of the middle ear he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic nasal catarrh of many months duration yield to douching when heroically employed. Listerine to which a small quantity of bicarbonate of soda has been added is his main stand by. If hemorrhage is a controlling feature he uses instead a saturated solution of tannic acid to each ounce of which ten grains of carbolic acid has been added. When the tendency to bleed ceases he returns to the listerine solution. Treated in this way the most pronounced cases yield in three or four weeks and are not prolonged by complications or sequelæ.

I am very much pleased with Neurosine. It is a specific for Asthma. It certainly relieves and cures every time. L. J. PRATHER, M.D.
January 23, 1902. Marshall, Mo.

Speaking of influenza, pneumonia and bronchitis, the Perdue-Frederick Company say "if a patient is properly nursed, given adequate easily assimilated nourishment and be given Gray's Glyc. Tonic Comp. in dessert to tablespoonful doses every three or four hours, that patient will withstand the attack much better and be surprisingly free from the pronounced depression which accompanies and succeeds these diseases."

J. P. W. Smithwick, M. D., in an article entitled "Therapeutics of Convalescence from La Grippe" says in the *Southern Medical Journal* "during the past year I have made use of Angier's Petroleum Emulsion with Hypophosphites among my patients which were convalescing from La Grippe. All of them improved rapidly with its use, who had done badly under the administration of cod liver oil and various tonics. I have noted no case in which Angier's Petroleum Emulsion caused digestiv or intestinal trouble, it being on the contrary well borne by weak and irritable stomachs."

Pre-digested (pancreatized) and palatable preparation of Cod-Liver Oil: See page 33 and give it a trial if you are not already using it.

Mr. Marchand has adopted an Automatic Safety Valve Stopper to prevent bursting of H_2O_2 solution bottles. As you know Hydrozone is the standard preparation. See page 16.

Never fail to give your careful attention to the last cover page of each issue of THE MEDICAL WORLD. There you will find the adv. of Parke, Davis & Co., with one of their long list of standard preparations. You will always find the adv. interesting, and important.

Are you interested in chicken raising? Many country physicians are. See Des Moines Incubator adv. on page 20.

See the title page of this issue for W. B. Saunders & Co.'s special offer to physicians of approved credit. Send for their portrait catalogue.

A wonderfully neat looking abdominal and uterine supporter is the Hall Supporter—advertised on page 22 of this issue. Read what they say about it, and send for pamphlet.

What is the use of filling your office with a machine that is much larger than is necessary? See page 11 for some interesting statements of the superiority of Mica over glass, in static machines.

Have you tried Saxmetto in your troublesome urinary cases? It has many testimonials to its credit. See page 15.

"Papine is the pain relieving principle of opium. One can dispense with opium the narcotic; one can not dispense with opium the pain reliever."—*Quoted from Battle & Co.'s adv. on page* 12.

See The Abbott Alkaloidal Company's interesting adv. on page 23. Are you acquainted with alkaloidal medication? Some physicians let good things grow old before they even investigate; and they make a great mistake—a great mistake.

I am more than pleased with the physiological action of Seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion and its good effect is quickly evidenced by the general improved appearance of the patient.
Cincinnati, Ohio. J. C. LUDWIG, M.D.

Where good blood is needed use Bovinine. You probably already have this in mind, and yet do you think of Bovinine in your cases of typhoid, la grippe and tuberculosis? See adv. on page 9.

Acute Metritis resulting many times from exposure to cold during menstruation or from gonorrheal infection usually manifests itself by a chill, more or less severe, with pains in the lumbar or hypogastric region.

The most satisfactory treatment for this condition is rest in bed with an ice coil or bag on the abdomen over the uterus followed by thoro flushing of the vagina with hot water in which has been dissolved Micajah's Medicated Uterin Wafers (one to the quart). After the acute stage has subsided a Micajah Wafer inserted into the vaginal canal up to the cervix will exert the antiseptic astringent action so essential in these cases.

Is your surgical instrument case properly equipped? If there is *anything* in this line that you want, the prices on page 30 will interest you.

The substituting druggists have not all been caught or frightened out of their dishonest practise. The McArthur Hypophosphite Company, on recent investigation found five druggists in

(*Continued over next leaf.*)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1900, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association;

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit" etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

Perhaps the problem concerning the final e (see above standing notice) is not clear to those not familiar with language study. The rule is very simple; *drop the final e when the preceding vowel is short.* This rule is clearly illustrated in the following familiar words;

cane—can	pine—pin
fade—fad	wine—win
fate—fat	code—cod
made—mad	cone—con
mane—man	node—nod
pane—pan	note—not
mete—met	rode—rod
fine—fin	rote—rot
kine—kin	cute—cut

This rule, so simple and well establisht, should be made universal. Hence our effort (in harmony with the highest scholarship as exprest by the American Philological Association) to drop the final e when the preceding vowel is short. This can very well be done in such long words as digestiv; but in such short and familiar words as above (should be, according to this rule, abov), and live and give (should be liv and giv), dropping the final e makes the word look so strange that it is not prudent to do so at the present time. When we get more rule and reason into our language there will be a popular demand that such a simple rule be carried out without a single exception.

Editor MEDICAL WORLD:—Here is my $1.00, with which I employ you to make for me for the ensuing year, as in the past, the purest, most practical and progressiv of all medical journals. I shall just suggest one change I want you to make in it, and that is in regard to the word *practitioner*. While you consume space from month to month in the very laudable effort to correct our unsightly and absurd orthography, why do you repeatedly shock our euphonious ears and eyes, and consume unnecessary space, by using this word? I presume you must have

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read of the sad fate of Marcedison, the expert *electritioner*, who started in haste for his favorit *obstetritioner*, but fell on the ice and broke his leg twice; so gave up the race to a man of the place by the name of Pagoda, from the town of Fashoda, a noted *magitioner*, as well as *mathematitioner*, who wrote in a trice on a slick piece of ice that he'd get old Dr. Pete, just over the street, who had never been beat as a *physicianer*, *diagnostitioner*, *clinticianer* or *practitioner*.

I believe I saw the word in its charmingly agreeable form, practician, some time since in one of your editorials. I supposed it was at last settled, and the word would appear in that form ever after; but my hopes were completely blasted on seeing you put it *practitioner* more than once in a recent editorial. F. V. WESTFALL, M.D.

Belle Prairie, Ill.

[Your point is well taken.—ED.]

Cystitis Following Exposure to Cold.

We do not refer to extreme cold, but to the gentle and pleasant allurements of "gentle, balmy spring." Men and women, boys and girls, and even babies are subject to it. The warm days of early spring readily encourage over-heating on exertion, because the winter underclothing has seldom been changed for lighter weight garments and the temperature is often high; and the cool grass, deep woods, flowing stream, or mossy stone, are so inviting until a chilly sensation gives tardy warning of our glaring indiscretion. The babe is often allowed to sit upon or roll over the fresh green grass. But the ground and water are slow to absorb the heat and forgetting this fact we incur catarrhal diseases such as coryza and cystitis. Such a cystitis is not in any sense an infection, and should be treated as any acute cattarrh of any other part of the body. We direct attention to it because of the growing tendency to treat every cystitis as bacterial in origin. The infected bladder seldom ever recovers completely, but the viscus when merely inflamed from cold always does under proper treatment. A distinctiv diagnosis is of vital importance. The catarrhal cystitis is not benefited by any injections into or washing of the bladder, and is apt to have engrafted upon the existing trouble an infectious cystitis on account of the great vascularity of the sensitiv mucous membrane rendering it susceptible to an infection which it would easily resist in health, if such treatment be employed. Poultices, turpentine stupes, or the ice bag, may be applied to the pubic region. Absolute rest in the horizontal position must be insisted upon, and elevation of the foot of the couch is a valuable adjunct. The urin must be kept bland and unirritating—neither acid nor alkalin, but as near neutral as possible. Large quantities of demulcent drinks, such as those prepared from flaxseed or slippery elm, are grateful and efficient. Rochelle and Epsom salts to free purgation, seem to have a selectiv action under such conditions. The diet should be limited to milk. With such treatment, the severest of cases improve rapidly in a few days; but under more heroic treatment are often converted into the chronic form. The patient with a cattarrhal cystitis from exposure, who is subjected to modern ideas of "bladder washing," is entitled to deep sympathy, no matter how mild the solution employed nor how perfect the asepsis, steril mucilaginous injections alone being excepted.

Hemorrhoids.

Few common disorders are so ignored or mistreated by the general practician. His experience thru his faulty treatment teaches him that but little may be done except by surgical intervention, and the patient soon learns of the doctor's distrust in his skill and drifts into the care of quack or surgeon. Many such operations could be avoided and many of our patients protected from being mulcted if we paid due attention to the modern methods of preventiv, palliativ, and remedial measures. In all but chronic cases patients apply for treatment for an "attack of the piles." Such patients should be treated for the extant trouble, and also warned how to prevent a return of the "attack." Dietetic indiscretion, indulgence in alcohol, neglect of regular defecation, undue indulgence in

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undigestible food, constricting clothing, excessiv exercise, or insufficient exercise, must be warned against. Absolute cleansing of the anus after defecation must be insisted upon, and a dram or two of creolin to the pint is one of the best solutions. The stools must be kept free by such laxativs as do not congest the lower bowel. Injections of six ounces of ice water, or one ounce of linseed oil, will tone the relaxt membrane, relieve tenesmus, check hemorrhage, relieve pruritus, and often temporarily relieve constipation. Leeches to the margin of anal folds, ice suppositories or the ice bag externally, will relieve congestion. Belladonna and opium ointments are soothing. Rest in a horizontal position is usually essential. If the tumor sluf, antiseptic poulticing is the best treatment; often the healing of the sluf will end the trouble. In acute cases the tumors should never be cauterized, ligatured nor excised. In chronic cases such astringent injections as 20 grains of tannic acid to 3 ounces of water, sulfate of iron 10 grains to 3 ounces of water, 40 grains of alum to 3 ounces of water, or 4 drams of tincture hamamelis to 3 ounces of water, may be used and retained as long as possible. Suppositories of iron sulfate, 30 grains to the ounce; dilute citrine ointment, 20 grains to the dram; or weak preparations of lead subacetate are occasionally useful, but often cause severe pain. Cystic, urethral, renal, hepatic, intestinal, cardiac, and pulmonary complications must be met. Persistent treatment will be sure to save many from the surgeon's knife or the lair of the quack. Carbolic acid injection by the hypodermic needle is the favorit method of the quack, and may be performed by any one; two to five drops of carbolic acid in glycerin is injected into the center of the tumor. This may be followed by severe pain, slufing, immediate death, or complete failure, and is not commended, tho there are abundant reports of brilliant successes with it from ethical and non-ethical practicians.* We have only made suggestions; but if the mass of general practicians would take up the study and treatment of hemorrhoids they would relieve humanity and reap a harvest legitimately for themselves.

Ingrowing Toe Nails.

Many men and women die easily and painlessly; and others suffer ages of agony, and do not die. The typhoid patient passes away quietly and uncomplainingly, but the patient with the ingrowing toe nail howls unceasingly before us, or goes and buys a box of colored vaselin and is lost to us forever. He will probably limp back to us with a tale of a wonderful cure, but he will step down the steps "gingerly." There is no excuse for this, for ingrowing nails are as easily cured as toothache, and in much the same manner; that is, apply the remedy, and if it fails, extract. In mild cases, thin the nail by scraping the dorsal surface with the sharp edge of broken glass, and trim the margin square; or rub softened soap of best quality up under the painful edges and allow to remain. Insist on shoes broad enuf to allow full expansion of the feet when standing. Touch any ulceration with strong solution of sulfate of iron, acid nitrate of mercury, nitrate of silver, or pure carbolic acid; any such application may be preceded by an application of cocain. In old and inveterate cases, one may try gradual softening of the nail by means of careful applications of caustic potash and subsequent scraping by the glass, or he may be certain of a permanent and complete cure by means of surgical intervention. If operation be decided upon, anesthetize the patient thoroly and slit the nail to approximal end of matrix thru center, tear each half from its position and cauterize thoroly the entire location, dress antiseptically, and the trouble will be ended forever. Do not operate too quickly; give remedial measures a thoro trial first; but if applications fail, the operation is always a success when properly performed.

Abnormal Consciousness of Certain Parts.

Too many otherwise normal men and women have an inherent, tho generally unexprest, belief that the world revolves around their penis or vulva—their world,

*We have two able articles in type, one very strongly advocating this method, the other doing so conservatively, which, we regret, are unavoidably crowded out of this issue. They will appear in next issue.

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at least, tho they would not willingly admit it. The matter is so sacred that the doctor is consulted only when extremities seem to have been reacht. When the world whirls wrongly, all expedients are tried, and if these fail, the doctor is consulted, bashfully but with the insistency that declares that they know that he holds the keys of fate itself, and must give immediate relief. Probably no young doctor has more troublesome problems thrust at him than such as these, because it is generally necessary to have considerable time in which to permit the action of the drugs, and only occasionally that surgical intervention could give promise of relief. Females are the most frequent inquirers. They wish to delight their husbands and be "good wives"; but too often, alas, they are our most hopeless cases. The husband comes also at frequent intervals, and his malady weighs on his conscience. Tact, talent, patience, and diplomacy will all be required in dealing with these cases. Excessiv coitus must be avoided, but moderate indulgence is generally beneficial with wedded persons. Proper diet, cold sponging of the genitals, activ exercise, abstinence from alcohol, and systemic tonics, are useful. Search must be made for organic or pathologic deviation from normal conditions in both male and female, and if found, surgical intervention is imperativ. The ordinary aphrodisiacs are useless stimulants calculated to work injury. Moral advice is often the best therapeutic measure. No class of patients are so suspicious and so hard to satisfy; the most learned and experienced physician is often puzzled in attempting to satisfy them. No novitiate can delude them, for they "have read the books." Let every physician give more attention to this class of his cases; let him search out the reason of "wifely coldness," and learn and treat the history and existence of latent chronic gonorrheas in the male, and advise and treat, and be both physician and priest, and the world be happier and the physician financially bettered. We will have more to say of impotence later.

Diet as Affecting the Development of the Fetus.

This has so long been a theme upon which quacks, old ladies and "granny" doctors have discourst lengthily and volubly, if not learnedly or scientifically, that we rejoice to see it taken up in the late issue of The American Year Book of Medicin and Surgery, page 380, surgical volume, as follows:—"J. C. Hoag (Chicago Medical Recorder, 1900) states that for many years the attempt has been made to render labor less difficult and painful by regulating the mother's diet, the idea being that under certain restrictions in the matter of food the child could be prevented from attaining the size that it would naturally reach under ordinary circumstances. There is a conflict of opinion in this direction, some maintaining that excellent results are obtainable, while others hold that the attempt is futil or attended by unfavorable results for the mother, for the child, or for both. C. S. Bacon says that the attempt to insure easy labor by underfeeding the mother was a dream which was quickly abandoned; however, he quotes Prochownik's plan of putting the mother on obesity diet. Prochownik says that by this method he secures easy labors and living children, the latter being of normal length, but of less than ordinary weight on account of the deficiency of fat present. Eichholz seeks the causes of difficult labor in the human race, and claims that the prevailing opinion that it is due to pelvic contraction is incorrect. With Lahmann, he holds that the true cause is the abnormally large fetal head, the result of improper diet. He states that if the mother, during pregnancy, lives on a nitrogenous diet, such as is usually prescribed by physicians, and especially if the dietary include large amounts of liquids, the child will have a large head, the amniotic fluid will be in excess, and the uterin walls will lose their contractility as the result of the consequent uterin dilation. On the other hand, he believes that if we give the mother a food that is poor in albumin, *i. e.*, vegetable food, and limit the quantity of liquids, the fetus will be lean and its head small, the amniotic fluid not excessiv in quantity, uterin contracility maintained, and labor be materially shortened. Eichholz verified Lahmann's views by trying the latter's plan upon twenty-five pregnant women, choosing only educated persons who were likely to understand his purpose and co-operate with him in reaching the desired results. The dietary was that of Lahmann, which is as follows: Meat once daily and very little of it; green vegetables, salad, spinach, potatoes, graham bread; a little wheat bread with butter; eggs, peas, and beans prohibited

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as too rich in albumin; little or no soup; weak cocoa and but little water; fresh fruits in abundance; no beer nor wine. Under this management he obtained prompt and markt results. The general condition of the patients was excellent. They did not suffer from sensations of fulness nor thirst. There was no excessiv formation of fat and no constipation. Labor was rapid and easy where previously it had been prolonged and difficult. There was no excess of amniotic fluid. The quantity and quality of the breast milk were satisfactory. Children were small, but healthy, averaging about six pounds in weight, the circumference of heads measuring about 33½ centimeters. Gould makes the following editorial comment: We find many such reports as the recent one by P. Pradon, who had a patient whose two previous labors terminated by craniotomy, the children weighing 11 and 12 pounds respectively. In the third pregnancy Prochownik's diet was used during the last four months of pregnancy. The result was a living child weighing 7⅞ pounds, which was delivered by forceps. The dieting of pregnant women does not always give satisfactory results, and the method must be employed with much care."

There is something righteously, mercifully or criminally wrong in a method promising such results. Let us find out which it is.

Latest Notes on Gonorrhea.

Few practicians are ever without one or more cases of this complaint. While its ominous import is well understood, little study is devoted to it, and old treatment is followed when newer and better methods might be known and employed. We append some of the latest notes on the modern treatment of the affection taken from the American Year Book of Medicin and Surgery, publisht by W. B. Saunders & Co.

Charles E. Woodruff treats gonorrhea by frequent injections of hot salt solution, and cures most of them in three weeks (Medical Record of March 16, 1901). A quart is used every hour as hot as the patient can tolerate. Eighty per cent. are cured in two weeks, and there are few relapses.

Kiss reports 1,200 cases treated with copious irrigations of pure water, with but twenty-six cases involving complications. He declares that such treatment every two hours will cause the almost entire disappearance of gonococci and discharge within two days, but that treatment must be continued some length of time to prevent return of discharge.

L. Casper uses six times a day an injection of one per cent. nitrate of silver solution alternated with a one per cent. zinc sulfate solution, and gradually increases the silver to 9.25 per cent. and the zinc to four per cent. As the discharge decreases, the silver is displaced by potassium permanganate solution in strength of 1 to 8,000. Cure is claimed in four to five weeks.

Swinburne uses potassium permanganate 1 to 4,000 at a temperature of 105° F. gradually increast to 120° F.

Hill has found picric acid, 1 to 1000 or 1 to 2,000 useful in the chronic cases where shreds in urin are persistent. Forty minims are instilled.

Neisser declares gonorrhea the most prevalent contagious disease, excepting measles, in all Europe, and that more than three-fourths of the urban population have had the disease.

The vital results following many years after supposed cure impel almost every honest practician to be certain of cure before he sanctions a marriage. The certain facility of such proof of cure being within the reach of every competent practician renders all culpable who neglect such precautions. The general practician faces much different conditions than does the hospital surgeon or interne. Few men or women will report every hour or two hours for treatment; and few doctors could be present to attend them, if they came. We have adopted with success to our efforts and satisfaction to our patients, the following routine procedure: After each urination the urethra is instilled with pure peroxid of hydrogen, which is retained five minutes. After this injection is used, an injection of aqueous solution of potassium permanganate is employed of strength 1 to 4,000. At the same time we administer capsules every six hours which contain:

℞

Balsam copaiba .....
Pure oil santal .....of each 2 drops.
Oil myristica.....½ drop.
Salol .....1 grain.
C. P. Medicinal methylene blue 1½ grains.

and we cure our cases satisfactorily to

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ourselves and to the patients. In cases where the deeper portions of the urethra are involved, or where repeated attacks are admitted, we employ soluble bougies, and retain same by advertised appliances. We appeal to the WORLD readers to give more studious attention to this woeful disease. Our success is all the more gratifying because obtained in neglected cases; but it is the neglected cases that the practician must deal with oftenest.

Result of Vaccination in Porto Rico.

The reports of the Porto Rico Board of Health show some remarkable facts. There was a general vaccination completed on that island on June 30, 1899, 860,000 persons being vaccinated. In the two years succeeding that date but three deaths from smallpox have occurred. The average for the ten previous years was 621. These facts speak for themselves.

The most generally useful gargle for all varieties of sore throat has been declared by Professor H. C. Wood to be composed as follows: Saturate fluid extract of sumac berries with chlorate of potassium, and when ready to use, dilute sufficiently with water to make a strong solution.

Those who find this paragraph markt with a blue pencil, kindly consider this a personal communication, and kindly keep this in sight until the accompanying memorandum has received attention.

"I am somewhat of a crank on THE WORLD—never look at the table of contents, nor select my articles, but read from cover to cover, advertisements and all. I take 14 medical journals in all."—Dr. C. S. Whitford, Lewiston, Idaho.

"I have been a subscriber for WORLD for 15 years, except two years and I am sorry I did not take it those two years."—Dr. J. D. Harris, Sylvania, Ark.

"I must ask you to pardon my negligence in remitting for the family bible.' I herein inclose amount due, with bill."—Dr. E. P. Robinson, 250 Willis Ave., N. Y. City.

MEDICAL WORLD:—Inclosed please find three dollars for four years' subscription to THE WORLD, beginning Jan. 1st, 1902. I have been reading THE WORLD for some time, and feel justified in subscribing for the length of time mentioned, altho it is a departure from my establisht custom. THE WORLD apparently has adopted the policy of not mixing advertising in with reading matter, which is certainly a commendable feature, and something that cannot be said of all so-called medical publications. It is distressingly tiresome to read an article apparently written by the editor, and discover that he is recommending some patent medicin in which he probably has an interest. I am not opposed to legitimate advertising, but advertising has its proper place if it can only be kept there. A medical journal publisht in the interest of some secret remedy company, and one that descends to the level of mail order publications, is of no value to the doctor. Trusting that THE WORLD will keep up its high standing, and be received in the future as regularly as heretofore, I am, Yours very truly,

Cincinnati, O. C. D. SHAFER, M.D.

Wanted: 10,000 More Like This.

It is darn mean to take advantage of your offer to send THE WORLD this year for 25 cents. But I shall do so, and to make you sure of another year I will put a dollar in also for 1903. After over 51 years' practise I am not laying out for many years more; yet should I hold out, shall commence the ball of 1904 with $3.00 for four years more, and that ought to settle the old man. Then I'll be 80, and still climbing.—Dr. W. C. Cummings, Swampscott, Mass.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Physicians and Finances.

This magazine is publisht for the benefit of its subscribers; hence it does not hesitate to go out side the beaten track, when by so doing it can serve the interests of its subscribers. Indeed its great popularity has been won largely by its not being bound to the beaten track of traditional medical journalism. We believe that a doctor's financial interests are as vital to him as (and more so to his family than) his scientific interests. Neither should be emphasized to the extent of total neglect of the other.

We frequently get letters inquiring about certain stocks or other investments. The following is the outline of our usual reply:

The first and most important investment that a physician can make is in proper equipment for his work. This should include late books from the pens of leading authorities for reference and study, a plentiful supply of helpful medical periodicals, a good working supply of instruments, also of medicins, if you furnish medicins to your patrons, and suitable riding or driving equipment.

Next, stop paying interest. That is, if you are in debt, or if you are carrying a mortgage, get out of this bondage as soon as you can. Interest is a burden, and debt is a danger. Those who are in debt are the ones who are swallowed up in the whirl-pool of financial panics. Those who are out of debt are safe from financial storms and disasters. Then get out of debt and stay out.

Next, stop paying rent. There are also many other reasons why you should own the house in which you live. Own it, and make it in reality a home—your *own* home.

After you have done all these things—

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after your equipment for your practise has been made equal to all demands, after you have gotten out of debt and can look the world squarely and fearlessly in the face, after you have acquired ownership (without a mortgage) of the house in which you live, and made it in reality a home, a comfortable, cheerful, happy home for yourself and family, with all the "wheels" running smoothly, bills all paid up, children being properly educated, etc., and a comfortable cash surplus in the bank to meet any unforeseen emergency, if beyond all these things you find yourself the happy possessor of a surplus for which you are seeking investment, *don't* invest it in far-away and uncertain (tho apparently promising) stocks. You should seek *safe* rather than profitable investment. If you yield to the gilded promises of phenomenal returns, you are more than likely not only to be disappointed, but to lose your principal besides. You should, first of all, secure absolute safety for your hard-earned savings, and turn a deaf ear to all "get-rich-quick" schemes. Your investments should not be far away, but right in your own vicinity. First mortgages on good farm or residential property that you know all about, in your own neighborhood, to the extent of half, or substantially less than, the assessed value, is a safe and reasonably profitable investment.

The above is the kind of reply we give to all inquiries concerning investments, the desirability of certain stocks, etc. Please read it carefully, and then mark it for reference instead of writing to me in future upon this subject. Judging from the number of stock schemes that are floated, or attempted to be floated, on the medical profession, doctors must be an "easy mark." I trust that this will no longer be true.

A short time ago a stranger from a distant state called upon me. He was, of course, a subscriber, and had been for a number of years. He was a substantial, strong charactered man in the prime of life, and soon the conversation grew so interesting that I detained him as long as my time would allow. He askt what I knew of the financial circumstances of a certain widely known and able medical writer and practician whom we both had known, as brought out in the conversation a few minutes before. I was pleased to say that my latest information was that he was at last fairly prosperous. My caller seemed both surprised and gratified, saying that in spite of the great learning of the man in question, he had always considered him *a financial imbecil.* Well, I thought, that just about expresses it; not only of the man whom we had been discussing, but of many able and hard-working medical men. A little later in the conversation my caller confest that he, also, was a financial imbecil, for while he had for some years done a large practise and got good fees, he had failed to take proper care of his money.

Yes, it is one thing to make money, and quite another thing to keep it. And this leads me to the introduction of the following article. It was read in a local society here, and the society requested the Doctor to read it over again at a future meeting. It was at once reported to me, and I have the pleasure of here presenting it. The doctor is a Jefferson Medical College graduate of 1867, is a professional chemist and geologist, has had much to do with mines and mining in a professional way, and is an electrical and mechanical expert in patent litigation. He informs me that in this paper he has merely summed up his own knowledge and experience, being led to do so by the general knowledge he had of so many professional friends having been pathetically bitten. On account of the length of the paper, we must put it in brevier type (else some "croaker" might say it crowds out too much purely medical matter); but I suggest that this article be specially preserved, and that you give it a careful reading whenever you are tempted to go into any kind of speculation. In this way this article may be made more valuable to you than any article that has ever appeared in a medical magazine; it may lead to the saving of more money, many times over, than THE MEDICAL WORLD will cost you for a whole life time.

FINANCIAL INVESTMENTS OF MEDICAL MEN.

BY I. W. HEYSINGER, M.A., M.D.,

No business enterprise is without financial risk. Statistics show that more than 90 per cent. of business ventures result in failure; not necessarily in bankruptcy, but in financial loss and enforced change of business. Our greatest financiers and business men have tried once, twice or oftener, and failed in business, only to start all over again, and eventually find success in a different direction, and this success is often

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determined or aided by one or more lucky accidents.

But every real success must be backed by care, attention, study and faculty; these are the "men behind the guns," and all else will be of little or no avail without them. In the medical profession; however, the professional failures are much fewer, relativly, which fact speaks volumes for its members; but conspicuous financial success here also is the exception and not the rule.

Behind every success must stand the factors which elsewhere exist, and the faculties of medical men are directed where they will do the most good in their own chosen field; and, in accordance with the universal law of nature, faculties so concentrated, upon one class of subjects, must leave other subjects less under control of the factors requisit for their development and application. This is true of professional men in general, as Dr. Johnson said of Oliver Goldsmith,

"He wrote like an angel and talked like poor Poll."

When physicians are financially successful in their profession, and are laying up a yearly balance on the right side of the ledger, the question of what to do with this growing surplus becomes a serious one. And here enter the factors of profit and risk. If investments are absolutely safe and certain, they will draw an annual interest of not more than 3 per cent.; the ordinary interest rate of 6 per cent. measures the risk; when the rate rises to 9 per cent. the risk is tripled; and when 300 per cent. is promised, the chances are 100 to 1 against success.

Yet these latter are the very investments which medical men most frequently seek for, and they utterly fail to grasp the significance of the problem.

And here is where the promoters find their legitimate game; and the continued prosperity of those doctors who thus take a hand in the game they don't understand, and have no time or no apparent inclination to learn, is only due to the flow of the professional stream which their continuous practise supplies. But for this the highway would be strewn with financial wrecks.

You know of the preacher who prayed that the Lord would keep him poor and humble, and the deacon who shouted out, "Oh, Lord, do Thou keep him humble, and we will keep him poor!" That deacon was a "promoter," and understood his business. It is true that a faithful physician whose whole antecedent life has been spent in toil and study, whose earlier years of practise were full of unremitting care and labor, who had no money to invest anywhere, and often doubted whether he ever would have, is not fitted to compete in intricate outside financial investments, even with the boot-black who has worked his way by his own experiences up in life, or the newsboy who has become, by successiv degrees, a practical financier.

The promoter, in a hundred disguises, perhaps a friend or relativ, perhaps an eminent citizen, perhaps a man full of technic and plausibility, perhaps some lady acquaintance, but all the time one who has studied mankind in health and prosperity as you have studied mankind in sickness and adversity, comes to you and lays his hand on your financial pulse, and prescribes for you, and lo! that which has so long troubled you rapidly disappears.

The promoter, call him what else you will, who leads you in silence, by persuasion, by example, or the example of others, into unfamiliar financial investments is, as Mr. Croker said, "working for his own pocket every time."

To do this his object is to make you think his thoughts, while you think you are thinking your own. On the contrary, you should not think his thoughts, but antagonize his thoughts with counter-thoughts. You should not examin the beautiful walls that he has built and shown you, so much as the gaps which he has left unfilled. You should not be beguiled by the sunset gleam beyond the hills, but think of the dead bodies which lie on the battle-field before you in the mysterious evening light.

To do these things you must have thoughts of your own, and to have thoughts of your own you must think them out for yourself, or by learning the facts from those who are in no way connected with or related to the matter at issue. And to do this requires study; but not half as much study, care and thought as it did to obtain the money which is the bone of controversy between yourself and your friend, the enemy, who is seeking to part you from it, and points to the beautiful reflection, repeated a thousand times in the evanescent bubbles of the eddying stream beneath. As Benjamin Franklin well said, "If you want your work well done, go and do it; if not, send."

Perhaps the most insidious and dangerous means of inducing a doctor to "make an investment" is to have it presented by some friend who has been equally confiding himself, and now seeks to let his comrade into the "good thing" also. The only remedy for this state of things is to demonstrate, if possible, that the friend himself has made a doubtful investment, or a bad one; but by so doing be assured that you will not receive your friend's thanks, but quite the reverse; if, however, you succeed, it will fortify you against that particular class of operation hereafter, and enable you to acquire practise by which you may be able to test other offers later on.

Not all promoters are dishonest; quite the contrary. But their interest lies in accepting the rosy views painted for or by them, and by faith, you know, one can move mountains. Nor are all financial investments bad. If the risk is 25 to 1, taking all of them in a lump, the 1 is the one that you are after, and a little study, skill and practise will enable you after a while to make a good guess as to which one it is. Perhaps it is not any one in the lot you are looking over; perhaps it is; or there may be a number of the cups with the elusive balls under them, but don't bet on too many. "Don't prophesy onless you know," as Hosea Biglow once said.

There is hardly one bad investment offered

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which will not show its true character if carefully investigated. But it is absolutely necessary to do this investigating yourself, and to do it thoroly; for otherwise you would be far safer to place your thousand dollars into the presenter's hands, asking him simply to do the best he can with it as between man and man, and invest it for you how and where he thinks best. You would have a bond of honor, at all events, on your side, whereas otherwise you will play your hand out against secret players and marked cards and lose and be laughed at in the bargain. Far better go to the nearest bucket-shop and stack your pile on a thousand shares of "Consolidated Smoke" or back your opinion on the "widow's row" in "policy." You haven't got the ghost of a chance. Those who are on the inside know how it is, but those on the outside never can know.

A thing may be first-rate and the investment yet be bad; or the thing may be only moderately good and the investment very good. It all depends, but it doesn't depend on you.

These investments are usually of the following classes:

1. Companies formed on patents.
2. " " land.
3. " " industrials.
4. " " manufactures.
5. " " secret inventions.
6. " " transportation.
7. " " mines.
8. " " medicins, etc.

If it is a company formed or patents, copies of the patents themselves should be obtained for examination. The printed copies cost only five cents each. Then, taking the prospectus and the patent copies together, any patent expert—and there are hundreds in Philadelphia alone—for $10 or $25, or less in many cities, would compare them together, and in five minutes, in some instances, would tell you at once that the prospectus couldn't pan out.

A patent may contain anything relevant, in the drawing and description, but the claims at the end cover what is new, as far as the patent office can tell. The patent may be construed in court to be much narrower, but never any broader, than the claims. Then, in a certain room in the patent office, at Washington, are kept on file classified collections of all the patents for the same sort of inventions bunched up in racks, and these are open to anybody. For a $5 bill good Washington experts will go over all these relating to the matter at issue, and pick out the older patents covering the same idea, and you can order copies and spend the rest of your Sundays in looking them over. You may have hundreds; in such subjects as engines, perhaps thousands.

Then, all patents granted are not available. The Government guarantees nothing. You can get a patent on an improvement, while some one else holds the patent on the original invention, and you will be sued if you make it. But this has its compensation; it cuts both ways, in the fact that not half the patents which come before the courts are sustained as valid. You may invest in a company, get up a good plant, spend a large sum of money in experimenting and advertising, get out your goods in great shape, and then have some "measly sneak" get up another company, make the same thing, and undersell you, for he has only to copy your finisht product after you have spent your money, and you can't stop him.

When you hear of $2,000,000 being offered abroad for the English or German patent, just drop that company; the thing tells for itself; it is like a ten million a year gold mine on unexplored ground.

If it is a company formed on land that you are asked to go into, look most carefully into this. Go over the ground; see what sort of adjacent land is open to rivals if your enterprise promises to succeed; find out at what price land sells around you, and divide the total stock into the aggregate price of the acres; in fact, act as if it wasn't the one thing needful for your immortal soul's salvation, but only one among a multitude of other pebbles on the beach. There is no more prolific source of loss than "land companies," in which the title deeds are not absolutely vested, in fee-simple, in yourself, individually.

It may be industrials. This is a broad term, derived, perhaps, from the industry employed to bring in the lambs. One is a scheme to make glue out of some tropical sawdust; another a plan to turn a desert into a great canning factory. Dean Swift, in his immortal Gulliver, found one at work extracting the sunshine out of cucumbers, in order to use it over again. One makes something new by electricity, and another by red or blue sunlight. In fact, the whole congeries requires the aid in investigating of skilled men of affairs. A tyro should never go into such schemes, for they are traps for the unwary, and a mighty fortress for those on the inside. The asphalt trust was one of these. There are others.

Investments in manufactures are much less risky, but these also require to be thoroughly understood beforehand. Before investing, the books should be exposed, the prior history made clear, and all competing lines of industry be considered; and, for these purposes, a skilful hand and head are required. Here outside and disinterested advice is most essential. They are probably as safe as any, but good opportunities are correspondingly few. Small capital, in this day of trusts, has no chance here.

Those established on secret or unpatented inventions require great care. The very idea is highly suspicious, because a patent is not only the only possible means of determining what the thing is, and whether it is new and patentable, but it is the one means by which it can be protected. There are sometimes controling reasons for holding an invention temporarily secret, such as foreign patents to be procured, perfecting the invention further before patenting, or keeping it secret until prior patents in the way can be bought up; but unless the invention can be clearly shown and demonstrated to a patent expert and a mechanical expert, it is almost inevitable that the money put in will be lost. Con-

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cealment is, as a rule, incompatible with safety; it is the old boyhood trick, "Open your mouth, shut your eyes, and see what the Good Man sends you!" If you get a second-hand chew of tobacco from a friend, that is a part of the game.

If you go into transportation companies, such as trolley lines, steamship lines, etc., the permanent profits cannot be very large, because outside competition cannot be long held off, and then if there are watered stocks, or leased lines, behind your own company, competitors can operate at a profit, while your pioneer company can operate only at a loss.

Mining companies are the never-failing re source when all others fail. It is so easy to pour money into a hole in the ground. And yet, of money spent in legitimate mining, it is said that this has paid a higher average rate of profit on the whole amount invested than any other form of investment. But from this must be rigidly excluded those enterprises which have no bottom, or those which have only a top and no sides. And beware of salted mines, either literally or figuratively; a salted mine will sometimes fool even a skilled assayer, but it won't fool a skillful practical geologist, mineralogist and mining expert.

A mining claim is not a mine, nor is a hole in the ground a mine. High-grade ores are less desirable than medium or low-grade ores, for the former are freaks, and the latter, formations. Nor can a mine be made in a day or a year. A shaft a thousand feet deep does not make a mine. A cross-cut at an angle to the course of the veins is merely to count and measure them and to see if they widen or narrow with depth. Mines are made by drifting along the veins at different levels, and stoping or blasting the ore down from the roof. All the rest is exploratory, or for access and working, and it takes time and costs money.

The title to the ground is to be first cleared up before investing; then the organization and capitalization of the company; then the character of the ground and the past history of the property; then the question of where the property is located, whether in the United States, British America, Mexico, or elsewhere. Then come altitude, climate, water, convenience to markets, and only after all else, the character of the mineral formations, their size and quality, and finally, the assays. But most investors start out with the assays, and stop there. Five-sixths of the successful mining to-day is done on assay values at which the average investor would turn up his nose. In mining, you must have full access to all the books and papers, and then must have clear-headed advice, or a mistake is almost certain to be made. A "proposition" may be a capital one, the mine a good one, and everything apparently in its favor, yet there may be a hidden something which will silence all hope and quench all success. Later on the mine may become a bonanza, but not for you or your associates. The history of mining shows this to be the rule, and not the exception. It is the common rule. In nearly all our great mines the ground has been "failed over" several times.

Another line of investments recommended are those in proprietary medicins, or the manufacture of drugs, etc. This is a particularly pernicious kind of investment, if in the form of stock companies; for it endeavors to secure the custom of physicians by making their hoped-for profits the bribe by which they may be induced to recommend and use these particular remedies to the exclusion of others. If the medicin is a secret nostrum, the secret is carefully kept from the stockholders, and physicians interested lose their grasp on the whole situation; if it is the manufacture of a line of regular goods, their interest is made to lie in prescribing and recommending these medicines even when other firms make a superior article. A doctor's position is so peculiar, in these respects, that medical ethics have always discouraged such investments. It is like a legislator voting and arguing for legislation in which he is pecuniarily interested, or a judge trying a case in which his own personal profit is concerned. The logical outcome is to be found in such scandals as the *Credit Mobilier* in Congress, and other like exposures elsewhere which have crushed reputations like eggshells.

Now, medical men are not debarred from any sort of legal investments; but it is noticeable that those members of the profession who have entered it after a business training in other lines are far less apt to be carried away by plausible quick-rich schemes than those who have become physicians after a continuous course of specialized training from boyhood up. The reason is that these men, trained in business outside, have had practical experience in these different directions, not necessarily with investments themselves—though often here, too—but by independent observations of others, where such transactions are concerned, and which they have traced and followed.

In order to briefly indicate some of the more obvious measures which should be taken before investing any considerable sums in the above-named enterprises, I would like to cite a few examples that have come under my own direct observation, and incidentally to illustrate the principles by which their true character may often be discovered.

Only a little while ago a reputable gentleman came to me to look over the patents of a new sort of gas generating apparatus, into a company for the manufacture of which he intended entering. I very soon found out, and told him that he didn't so much want my opinion as to be confirmed in his own. It was a subject on which I was quite well informed, as I had looked up the whole art for other parties a few years ago in Washington, and I had him get me copies of the patents and then gave him a written report. The patents were quite complex and beautifully illustrated, but the entire novelty was practically in an inclined feed-drum for the carbide. Many other feeds were equally available, and the result must be that others, if these parties succeed, will step in and cut their profits down to almost nothing (being at less expense) or drive them out of the business.

In land speculations I need not rehearse the experiences of an improvement company near Lawndale. Here was a tract which hardly any

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of the medical investors ever saw, and on which none of them had ever obtained estimates or prices of adjacent properties. Yet it would have required much more than $100,000 to make the land presentable even; the only good part of the tract was held separately by the officers, and the proposed supply of water to adjacent settlements was based on depths of 1,700 feet which had never been bored, and which a tyro in geology, with the state survey maps before him, would have seen to be outside the water zone referred to. Yet many physicians lost a good deal of money here.

A doctor should never buy a farm to have worked for him for profit; you will not find doctors brought up on farms to do such things—unless as a luxury. It is one thing to go into farming, and quite a different thing to go *at* it. A few days ago a visitor to a patient of mine, after transacting some private business, left. My patient said the man had brought him his share of the profits on a 130 acre farm up the Delaware, near Bordentown. The amount for two years was $4.50. Another friend of mine has a beautiful Jersey farm near May's Landing; he says he gets off it every year enuf to pay his taxes within $6.

In investing in "industrials," mistakes are nearly sure to be made. The Asphalt Trust is one of these of recent fame. I may mention another. Down in a Southern clime, near the Eastern coast, back a few miles from a navigable river with about a 200 mile course to the sea, have been establisht "plantation companies," with $1,000,000 capital each, the stock subscriptions extending to complete their payments over about 7½ years, and the time still running on. They were establisht to raise coffee, pineapples, cotton, corn, and plenty of other sub-tropical products, and steamboat them down the river, and thence ship, a few hundred miles, to New Orleans. After the stock had been sold and the properties were under development, the old officers started up a new company, as they had a right to do; and this new company was a transportation company, and they got an exclusiv Government concession to run freight steamers on this river, and the stock of this new company was also a million dollars; and so the plantations can plant, and Apollos can water, but the transportation company will gather the increase.

In manufactures the same care should be taken beforehand. It is harder for a corporation to make a profit, unless it is a close corporation, than for a firm or an individual. So much responsibility is divided up; the salaried interests are so much less virile for the basic structure than the vested interests of ownership, that such loosely-jointed companies are at a disadvantage. There is an organization I know of, composed of Philadelphia, New York, Boston, and Chicago concerns, merged together. In the Philadelphia department the last year a profit of nearly $100,000 clear money was made. This was a firm before the incorporation. The others didn't do so well, so that this branch turns over its $100,000 profit, and receives back $20,000 in salaries and a small stock dividend. They now bitterly regret the merger.

No physician should ever invest money in companies establisht on secret processes or unsecured patents as a basis. There is a wireless telegraph company so based; the machinery is in a cigar box; the invention is in a man's brain, perhaps, and the proceeds are in his pocketbook. It is almost certain that the same principle was long ago used by Dolbear in one of his patents, and is still older. There is nothing new in wireless telegraphy anyhow. Professor Henry used it at distances of 100 or more feet more than fifty years ago. Edison long since telegraphed to moving trains of cars, back and forth, without wires. The secret of the present success is in the "coherer," which of itself has never been patented, and Marconi covers the field far too fully to permit a rival system to present opportunity for million dollar sales of patents. Such things are figments of the imagination. The field of invention here is narrow, not broad.

You have all heard of an alkali company's troubles, still in the courts. About $1,125,000 were paid in by confiding stockholders. Of this sum the filed statement shows that $950,000 were paid to the patentee for his patent, and that he is now no longer a member of the company. He doesn't need to be the ice-man any longer. This left $175,000 to build and operate and pay for water power on a million dollar plant, and hence a $5.00 assessment on all the preferred stock, and God help the poor!

In transportation, take the case of a well-known traction company. This stock has never paid a cent of dividends, but the stockholders have paid many cents in assessments. Those on top do not suffer, however, because when the traction company was formed out of other street railway companies, part of the new stock and its proceeds was used to buy up part of the other companies for cash. But the principal one, from which the new officials came, did not sell, but leased, on a practically perpetual lease, at a 9½ per cent. rate on triple-watered stock, and it takes all the profits to pay this interest, which the present head men principally hold. You will find this sort of trap in nearly every recent consolidation.

You all know about mines and mining, or think you do, which is not the same thing. It is so easy. You dig a hole in a so-called mineral district, get a dozen whopping assays, and there you are! There is plenty of money to be made in mining, but it is not always certain who is to get the money. I will illustrate by a few examples how to consider a proposal to go into a mining company. A company in Southern Alaska, on the coast, advertised largely, and I believe they have good mineral. Their prospectus stated that they were selling enough stock at 30c. on the dollar to raise $100,000 to put up a mill at the steamship landing near by. They had a tunnel about 140 feet deep into a hill on a 10-foot quartz ledge assaying $149 per ton in gold. On the southern side of this ledge was a selvage 2½ inches wide of high grade gold ore assaying $151,000 to the ton, and on the other side was a similar selvage or seam, but narrower. A little calculation showed that three men, at a cost of $27.00, miners' wages, could have carried this tunnel far enough to gather a ton of this wonderful selvage, netting $151,000 at Seattle, down

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the coast, at a freight cost of $5.00 additional, and not counting the ledge mineral at all. Yet they were selling stock at 30c. to raise $100,000!!!

A big copper property in Arizona explained its lack of working by reason of the burning up of the sulfuric acid plant at Denver, where they obtained the acid for leaching. The next prospectus, a year later, used precisely the same language and made precisely the same explanation. The next one, still a year afterward, stated that the company had acquired a large lot of new mines. And this last prospectus almost dropt mention of the old properties previously exploited with all their brilliant promises, and laid nearly the whole value on these new properties. They are after land, not mines, and, like the old farmer, "they are not greedy; they only want the land that jines onto theirn."

Last year some parties brought me the typewritten prospectus of some Nevada mines which they desired to put a lot of money into, as their Boston friends had done. I found that the mines were undevelopt, but promising, but that a railroad would be required, twelve miles long, over a most wild and difficult country, and also reducing mills. These were incorporated in a separate company. You could buy stock in the mining company, but not in the transportation and reduction company. The money you paid into the mining company's treasury was turned over to the railroad and works treasury, and this stock went as capital into the mining company's treasury, where it remained for future profit. The mining company stock was full-paid and non-assessable; the transportation stock *was* assessable. How could this be made to work? The mining company had paid over nearly all its cash received; the first assessment levied by the other company would sell out the mines of the mining company, which had no cash of its own, and the original owners and officers interested in both companies would have both at the cost of one, and the mining stockholders would have been wiped out. Then the new concern might, as in the "Mikado," have flowers and music; the stockholders wouldn't see them, but they would be there all the same.

Again, I know a mining company floated and selling stock on paper assays alone. These assays are stated to be multitudinous, but the prospectus doesn't say at what depth they were obtained, or what the ore is, or how much there is of it, or, in fact, anything of the sort.

Then, are the mines in the United States, or British America, or Mexico? The mining laws of the country in which they are located must be first considered. Aliens cannot locate or patent mines in this country, and one may be sure that the conditions are not more favorable for aliens elsewhere. Some friends of mine in 1882–3 sunk $160,000 in Parral, Mexico, and some of their properties were denounced and taken from them before their very eyes. A number of these same mines, but then in other hands, have long been large producers. American miners at Dawson City, in the Klondyke, have had much difficulty, and now prefer poorer diggings on the American side.

There is a mining company in the Southwest which issues a flaming prospectus every year. This company has two groups of claims, one group adjacent to a large and successful mining company, the Copper Queen, at Bisbee. This group, while accessible to railroad and well situated, is not at all promising in lodes or mineral. It is a fluke. The other group is 40 miles or more away, and in an inaccessible (volcanic mountain) region, so far as transportation or mining is concerned, and this group shows good ledges and high-grade mineral. The assays, ledges, railroads, and great mines adjacent are so jumbled up in the prospectus that only the most careful analysis can determin these facts; but the company can claim that it has made no false statements, while conveying the idea that all that is true of one group is equally true of the other.

With reference to companies organized to put out secret nostrums, liniments, etc., I might mention a recent instance in which an oleaginous liniment composed of camphor, carbolic acid and oil, was the subject. The stock was sold at low prices on the dollar of par of stock, but the whole capitalization was 15,000,000 shares at a dollar each, of which the getter-up kept as his own, 14,000,000 shares, and left the other shares to do the work, pay the expenses, and conduct the business. And yet probably not one investor in its stock ever learned these facts in such shape, as to deter him from investment, before the explosion; the facts could have been demonstrated in ten minutes by merely looking at the charter and stock ledger.

It is a curious thing that would-be investors keep so little account of the total capitalization and par of stock.

Intelligent men have told me that the stock of one company was much lower in price than that of another, when the facts showed the exact reverse by the very prospectus before their eyes. Few can see that a dollar par stock at 20 cents is dearer on a capitalization of 1,000,000 shares than another dollar stock at 20 cents, on a capitalization of 100,000 shares, yet the former is ten times the price of the latter.

And they will claim that a one dollar par stock at 20 cents is cheaper than a two dollar stock at 30 cents, the capitalization being the same.

The very first thing to do in all cases is to look into the basis of the company, and see what the entire upset valuation of the property is, on a cash basis, by multiplying the number of shares by the selling price per share. If there are 1,000,000 shares selling at 25 cents per share, the upset price of the property is $250,000. If there are 50,000 shares total capitalization selling at $2 per share, the upset price is $100,000. It is simpler than rolling off a log, and far safer, but lots of people prefer to roll.

Make it a rule never to buy any stock that is assessable, especially if the stock is selling at a low price, relativ to par. The alkali preferred sold at $3.25 per share, but the first assessment was $5 per share in addition, and the price went down, ex-assessment, to whatever any one would pay. These assessments can be collected by judgment and execution against any property you may have. They have bankrupted thousands. When stock is full paid and non-

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assessable you can easily lose the price of your stock; but when stock at par is sold at 20 cents and is not non-assessable, you can be compelled to pay the 80 cents per share additional, if the sheriff can find anything of yours on which to levy. And stock which is assessable generally, as in California, and not limited to par, may have assessments levied at the will of the Board to any extent. This is a favorit way of freezing out the weak stockholders and making them pay for their own ice.

But there are other ways. A friend of mine recently spoke of a new telephone company as a good opportunity for investment, as it is a competing company. A politician present said: "Don't do it. The old company, secretly, or otherwise, can get large blocks of this stock, of course, by buying it. They can then cripple its working and make it unpopular, and prevent it from being profitable. Its stock will be made to drop, drop, drop, until they get hold of the remainder for practically nothing; then they will average this with what they first bought, and it will still be cheap. Then both lines will consolidate, and profits will be made on both working as one, and even if you retain your stock you will be a minority at the mercy of the other corporation."

Another plan was once pursued (and it is still a very common practise in mining and railroad companies) by a certain street railway company before consolidation. It was a profitable line, in fact, but every dollar of surplus earnings was put into permanent improvements, and not a cent of dividend was declared for years. The stock went down, and weak holders unloaded. The strong ones at the head bought this up very low, and, when they had gotten practically all of it, they had the best permanent improvements of any street railway in the city, and watered their stock to double, and still paid heavy dividends.

All this sort of thing is a business with these people, just as the practise of medicin is a business with you, and it is just as irrational to suppose that medical men are up on this, as that promoters and stock manipulators are up on the practise of medicin. You are the patients on whom they practise; they are the doctors who diagnosticate, prescribe for, and deplete your pocket-books, and they issue their certificates just as you do yours; and they have their hospitals and dispensaries, as well as their private patients, just as you have. It is pure business, and just as a man who goes into a game of poker, or bets at random on the red and black, must take his chances and not complain if he loses his pile, so it is with those who go into a business they do not understand, with players they do not know, and with cards or machinery they cannot read on the backs, or understand.

But no one compels these investments; don't play poker with experts until you have learned the game as they have learned it; then you will be received and respected, and they will move up one place and give you a seat at the end of the bench yourself, and you can wink, too.

But are there no places where the faithful physician can invest his surplus earnings on the same plane of advantage as others occupy? Yes, there are a number, and these are the favorit places where the skilful outsiders go, too. All thru the city there are constantly presented opportunities for real estate investment which are especially prepared for the hand and eye of the physician; far more so than for others, in fact. As you drive about you see signs up—sheriff's sales, plots of ground, buildings out of repair, snaps of various sorts. You know about drainage, street improvements, the classes of population around, and your previous experience has shown you the movements of population and where an investment will most likely pay, and where it will not. Make no purchase until you have consulted a skilled and trustworthy real estate man, but make no investments at the instigation of any unknown real estate man. Keep your eyes constantly open as you are driving around; talk with people in the neighborhood; keep your own counsel, and do nothing rashly, but act quickly when the time arrives. Above all, do not let it be known that you are in the market for real estate snaps as a profession. Disarm suspicion; work quietly; use good advice before buying, but retain your own powers of judgment, and you cannot fail to succeed in the long run. I think that nearly all our physicians of wealth in the past acquired their fortunes principally in this way. A little cash here is everything.

There is another plan, particularly for younger physicians with some money, and not much is required. If you will look over our great corporations—Baldwin's, for example, but in fact all are alike—you will find that those now at their head began as humble workers there, and as the older ones died off or retired from business, advancement came, and they are now the head ones themselves. There is a similar opening for a young and ambitious, but not too ambitious, physician—not for all, perhaps, but for many, for as many as will choose to use it.

Buying out a practise is in general bad practise. If a doctor retires to enter other business, he will usually make a failure, and will return to deprive you of what you have paid for. There are many ways of doing this. If the doctor is dead, you are buying what he does not own, and you go as a stranger simply; you may pick up a few of the old patients, but the bulk of them will be lost, and especially the better ones. Nearly all families have a second choice, and if you merely buy in as a stranger, you will not be "it." But physicians come and physicians go. In every other business new blood is taken in, and when the old head retires or dies, the business goes on just the same, but with added experience, capital and prestige. When a medical practitioner is growing old, or stricken with lingering disease, after having achieved a paying practise, he desires to lighten his labors, and gradually retire from activ life. But if he work on alone he cannot do this, but must go along until the final crash comes, and his business of a lifetime is scattered to the winds.

If a younger man were to buy *into* his practise in time to start as his assistant and co-worker, taking the rough off his old partner at first, he would gradually grow into his experienced partner's ways (and, make no mistake, these are ex-

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cellent, far-reaching and most desirable and successful ways, not machine-made, perhaps, but carried along on a far higher plane, in which physician and patient meet face to face, and problems of psychology come to supplement those of physics), and the old co-worker would gather new methods from his new helper, and as time went on and the old practitioner gradually drew out, from chronic ailment, from tuberculosis, or from a desire for rest, the practise would naturally and completely fall into the new partner's hands, and every sacrifice would be repaid four-fold. A large proportion of the most successful medical practises have been secured in this way, and it is the logical and sensible manner of proceeding. Every business man in whatever walk of life would instantly grant this.

Certain other investments have been suggested to me, which I will briefly refer to and discuss. Investments in building associations: Thirty years or more ago these were very successful and made money for all concerned, when properly conducted. But since then the low prices of mortgage rates, and the combination system, which has become so common, of selling houses at an increast rental, the difference going to gradually extinguish the mortgage, have cut into these profits, and rendered building associations much less numerous and correspondingly less profitable. It is true that failure to pay up interest or rental works a loss of the principal in these newer ventures, but so it did in the older building associations and everywhere else. Building associations are still profitable, but they are only so, in general, for those who fully understand their intricacies and chances, and these persons are mostly interested in a number of these associations, most frequently as officers. They are getting paid for their study and practise, just as you are for yours, and they too are "working for their own pocket every time."

Every physician should from the very beginning keep his eye on means for owning the house in which he lives as soon as possible. A large mortgage at four or four and a half per cent. interest flat is no objection, if cash is not available, provided the property suits him and the price is reasonable; it is cheaper than straight rent. The reason that a physician, above all others, should own the house in which he lives, is that with a growing and successful practise, a goodwill of decided cash value accrues to the property therefrom. As a physician, long settled, cannot remove as others can without loss, the landlord can raise the rental on the doctor's "unearned increment," and the doctor must submit, for some other newcomer in the medical field will gladly pay this increast rental to avail himself of the "good-will" which the doctor has added to the property. A vested title will prevent all this, and the taxes, improvements, repairs and interest on the mortgage, taken together, will still leave him with a small rental, if commuted in that form, while he will still have, if the property be well located, the gradual enhancement of value as the city grows and property becomes more valuable, as it is nearly sure to do.

The third suggestion is life insurance. For any practitioner of medicin, but most of all for a young practitioner with a growing family, to neglect this is little, if at all, less than criminal. It costs less to insure when young than when older. And life insurance can be made a capital money investment. He can, by this means, bank on his own future with a capital which cannot be subsequently impaired by losses or added age. The first thing to do is to select a strong company, one which is altogether likely to outlive the policyholder. What salary the president gets is of no moment, if it pans out low when compared with the capital and resources and character of the company. But be sure to invest in a company whose home office is guarded by the most stringent state laws, and where investigations investigate. It is a safe rule in all investments to consider that the opposit party will be as bad as he is allowed to be. And make the amount of the policies carried conform to the conditions, as practise and children grow and multiply. The first policy should be one looking primarily to the dependents in the family. If it is made payable specifically to wife and children by name, then financial losses, so long as the policy is kept up, will not affect it, and if the doctor die insolvent and in debt, the proceeds will be paid at once to those named in the policy. If made payable to the estate it will be swept away in the general ruin. Excessiv policies are bad in principle; a family living on $2,000 or $3,000 a year has no right to expect to realize a hundred thousand dollars on the death of the father. It depreciates his own value, and makes him a more valuable asset when his senses have departed than while his little senses still remain. $3,000 to $5,000 each for the children and twice as much for the widow are ample for physicians in moderate practise. Such a policy should be made specifically unassailable and incontestable after two years in the policy itself by the company issuing it. A man who takes out a life insurance policy for those to be left behind wants to *know* to a dead certainty that they will get the money, and that without a lawsuit and without unreasonable delay. If new babies come, take a new policy out for these in the same way; and opportunity then offers to include with this a small extra amount for the good wife as years bring new responsibilities to her and an increast income to yourself. I have known many instances in which when disease, dissipation or unforeseen misfortune has deprived the husband of his power to earn or pay the annual premium, the wife and children have buckled down as best they could and kept up the annual payments; it was to them salvation and protection, and no sacrifice was too costly to prevent its forfeiture.

Having, then, provided for the family, the physician should, if possible, think of his own future, should disaster or age make inroads upon it. For this purpose an "endowment policy," maturing when his age approaches 60 years, will give him a sum in cash to make easy his declining years, or to use in some wise way as an investment; he may then take to chickens, or start a little flower or truck place in the country. If worse comes to worst, he can buy an annuity which will support him for the balance of his days. This endowment policy may be for $5,000

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or $10,000, but it is far less important than the family policy; the latter is vital and should never be imperilled.

Another good investment for a busy practitioner is an accident policy. When trade is brisk a doctor can rise superior to a boil or a twisted knee-joint, but when the clouds refuse to roll by, and patients pass along the other side of the street, with a firm grip on their pocketbooks, then it is like a merciful dispensation of Providence, and one can nurse those ills which, in better days, they knew not of, and the insurance companies say they don't care, as every stiff-kneed doctor, like a sandwich man, becomes a peripatetic advertisement to a stiff-necked generation, and at a lower price to the company, so they tell me; I have no practical experience.

The education of the children is a good investment for any man. And this education should begin and end with the practical; the middle may be occupied with the theoretical and ornamental, but, if the children start right, this will largely take care of itself. In Europe, the female children of the royalties are all taught to work and sew, and the males are taught in the practical mechanical arts. Of course, a busy doctor can only advise, but this will have its effect sooner or later.

A good library is also a capital investment, but this should be a miscellaneous library, and in his office, preferably. Patients like to see that the doctor knows something besides medicin, for it has been well said that "a doctor who doesn't know anything but doctoring, doesn't know that." The best way for a doctor to get good books is to rummage the second-hand book stores and auctions, or have some one do it in his place. The flood of new books, mostly evanescent, will never supply the place of the great sub-strata of the older writers. And above all things, beware of *epitomes* and abstracts, of collections and abridgements, and of whole sets in 40 volumes of novelists, and the like. It has been said that a man's scope and mentality can be known by the pictures on his walls; so a doctor's can be known by his books; and faked-up "selections" are simply the "get-rich-quick" schemes applied to knowledge, which show a lack of grounding, and adepts will soon rank him aright. If you must have these, keep them out of sight, as doubtful students keep their "ponies"; they are a dead give-away every time. But of course, do not neglect a first-class encyclopedia.

Finally, while physicians are activly engaged in their profession, if they contemplate outside financial investments, let it be only from their free surplus earnings; and then they must employ the same sagacity, study and labor, independent of their life-work, to make them successful, that others have to use to make theirs successful; and failing this, they are pure creatures of accident in a game in which the dealer knows every card he deals, and the doctor does not even know those in his own hand. He not only has no chance to win, but, as business chances go, he has no right to have any. But if he will use sagacity and common sense, will walk before he attempts to fly, will keep out of the game unless he knows all about it, by study on his own part and for his own account, by consultations with those who have made a life-work of such things, and by outside knowledge acquired laboriously and continuously, he will finally have the same chances of success that others have, and no more.

The enthusiastic investor who goes unprepared into the arena for a "flyer" must not be surprised if he suddenly, ignominiously and disastrously develops into a "rooster," and a clipt one at that. This is the law and gospel of evolution.

1521 Poplar St., Philadelphia.

National Medical Legislation.

Editor MEDICAL WORLD:—I wish to express my appreciation for an article which was in the February WORLD, advocating National medical legislation. If a doctor is fit to practise medicin in one state, he should be fit to practise in any of Uncle Sam's domains. After a man has grown to middle age or past that limit, and for failure of his health or that of some member of his family, he desires to change his location to a different climate, the fact dawns upon him that he will have to qualify in his new location before he is permitted to follow his avocation. Altho he may be a very able practician in his own state, yet after 15 or 20 years of time and advanced requirements during that time he will be unable to answer the questions put to him by the board of examiners, and yet be, by far, a more successful practician than the young M.D. just out of college, who might pull thru all o. k. Push the question along and stir up the profession to a realization of this wrong.

Dr. J. T. HENDERSON.

Covington, Ind.

National Medical Legislation. Rabies. Commercialism. Squirrels.

Editor MEDICAL WORLD: — National legislation or state reciprocity, so as to make one examination for license good in all the states is greatly to be desired; and we should all work for it as suggested by THE WORLD on page 88. But many lawyers claim that a National law would be unconstitutional; and this may be true. Whether it is or not, it serves as an excuse for adverse action on the part of those who do not want a National license system adopted. Years ago Mississippi enacted a law which licensed without examination those holding a license from an adjoining state, and whose practise extended into this state. Several efforts

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were made in vain to repeal this law. I corresponded with legislators in several states and tried to induce them to make an effort to enact a law like ours, which would be a long step in the right direction; but only a few states have any laws looking at all to state reciprocity. We are more likely to succeed if we will ask the states to enact laws authorizing state examining boards to endorse, in their discretion, the license of physicians of other states. They could then receive those from states that did the same thing, and refuse others if they thought best to do so. If a few states would adopt this plan, others would without doubt do the same.

Dr. Jackson asks, page 117, if dogs eating flesh of an animal that died of rabies will be in danger of taking the disease. The best horse I ever had died from the bite of a rabid dog, and other dogs ate the flesh and nothing happened to them. I have seen the same thing several times after the death of other animals. Hogs and dogs ate the flesh and were not injured. But in my opinion many animals die after being bitten by what is known as a "mad dog," that did not have rabies, but something like tetanus.

In these days of commercialism it is refreshing to read the quiz department of THE MEDICAL WORLD, where there is nothing that can cause the slightest suspicion of personal interest. This department cannot fail to be of interest to all.

Like Dr. Wetherby, page 3, I think squirrels do not castrate each other unless it is done while fighting, and then only because the testicles afford a better place to attack than any other part of the body. The squirrel that is pursuing another, like a dog after a hog, takes hold of the part most easily reacht and held. In the hog it is the ear; in the squirrel it is the testicles. In my younger days I killed a great many squirrels, and while I found a great many without testicles in sight ("swung"). I never saw one that had been castrated. It is, as Dr. Wetherby says, the squirrel does not "swing" his testicles until he is one year old.

Cases like that of Dr. Tolly's "unbroken amniotic sac with contents delivered," page 103, are seen sometimes, but not often. All rare cases should be reported. Several cases of the heart, on the right side, page 109, have been reported in medical periodicals during the last thirty years:

"These are indeed exceptions; but they show
How far the gulf-stream of our lives may flow."

Kendrick Miss. C. KENDRICK, M D.

[A meeting of representativs of the examining boards of several of the middle-western states, was held in Chicago a short time ago. The object of the meeting was to plan for reciprocity among the states represented. The results of the meeting were encouraging. Such efforts will doubtless continue until there will be more or less reciprocity in various sections of the Union. In the meantime, we have determined to take up the matter of National medical legislation in a serious, business-like way, and see what can be done along that line. Perhaps we will be able to announce a definit program in next issue.—ED.]

Rabies and Hydrophobia.

Editor MEDICAL WORLD:—In March WORLD, page 117, the question is askt, will dogs go mad that ate of a cow that had hydrophobia before being killed? No, they will not. To say that a cow or dog has hydrophobia is a misuse of words. Hydrophobia is derived from two Greek words, meaning "to fear water." Animals have *rabies*, not hydrophobia. Man with hydrophobia fears water. Animals with rabies do not fear water, but can, and do drink water. J. T. M., A.M,M.D.

Buena Vista, Miss.

Birth with Sac Intact.

Editor MEDICAL WORLD:—Dr. Tolley's case, in March WORLD, p. 103, calls to mind a case I attended some time since while visiting a neighboring town. One night I was called across the street to see Mrs. J. On examination I found her far along in labor. After a few pains a child was born, weighing about six or seven pounds. After ligating cord, etc., awaiting placenta, in a short time other pains expelled what I thought the placenta. Reaching under the sheet I felt something strange, investigation of which proved it to be, to my surprise, another child, sac and all intact. Hasty rupture, ligation and resuscitation, brought things right. Next day, leaving the case to another doctor, I returned home, but learned later that the twins lived about a week.

Paris, Ky. J. H. SEBREE.

"Dried ox-bile is one of the most reliable cholagogs."—Sollmann.

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Castration Among Animals Other Than Squirrels.

Editor MEDICAL WORLD:—Your letter from Dr. Burnett about castration among squirrels, reminds me of an occurrence that indicates that similar customs are in vogue among other animals. Mr. Charles S. Price, superintendent of the Middlesex Fells Reservation, has a small collection of wild animals at the headquarters. He put a male raccoon into a cage with a female raccoon. They lived in peace until after they had mated, and then she castrated him.

The late Frank Hamilton Cushing told me that among the prairie dogs there are many "bachelors." These always live apart from the others, and are preferred by the Indians on account of their much finer skins, the fur on the belly being soft and thick, while that of the paired animals is worn thin from snuggling together during hibernation. The "bachelors" possibly are so from the same cause as among the squirrels. SYLVESTER BAXTER.

Malden Sta., Boston.

Castration Among Squirrels.

Editor MEDICAL WORLD:—J. A. Burnett, M.D. represents the above case too strongly on page 67, February WORLD. I have hunted squirrels much and occasionally, but rarely, I have killed a mature male squirrel with one or both testicles bit thru, which I always believed was done by some rival male squirrel. The fittest and strongest survive, and the stronger squirrel, chasing the weaker squirrel, would naturally bite the first part he came to, which would be the testicles. I have seen dogs do the same thing Some dogs and some squirrels have learned by experience that it is the most damaging, painful bite that they can give.

A mature male squirrel has gallantry sufficient to not meddle with a female squirrel not in heat; therefore the female would never bite such. I have seen the red squirrel chase the black squirrel because they both wisht to occupy the same tree. SILAS HUBBARD, M.D.

East Aurora, N. Y.

Editor MEDICAL WORLD:—Having been taught from infancy that squirrels castrate each other, I was not satisfied with the idea, and consequently I have probed the matter to the bottom. I have hunted squirrels for over thirty years, and in the year of 1888 alone I killed, dissected and drest over 800 squirrels. Not one single barrow have I ever found. Just here is where the fallacy has crept into the minds of many that they castrate each other. The young are the fattest and tenderest always. The testicles never descend until the squirrel is about one year old or over, and such a one is, to all outward appearance, a barrow squirrel. But, brother, take no man's word. Go to the forest, kill your squirrels, dissect them carefully, and you will always find the small undevelopt testicles. One good brother suggests that you go to the market. That is not the place to go, from the fact that any one who dresses squirrels properly for market always removes the small testicles and penis. I speak only for Kentucky and Tennessee. There may exist smarter squirrels in other states than ours. I am no gambler, but if there is any doubting Thomas, let him come to Kentucky and we will take one week's hunt. I will give $100 for every male barrow, and he to give me the same for every male that we kill with testicles. We will select a committee to decide. Write me direct. Now, Mr. Editor, I think this subject is consuming more of your valuable journal than it should, and I vote for one for you to close this discussion until a few of the brethren have dissected a few squirrels.

Masonville, Ky. E. P. MCCORMICK.

[Amen.—ED.]

Heart on Right Side.

Editor MEDICAL WORLD:—In March issue, page 109, Dr. Little speaks of an instance of the heart beating against the right side of the chest. I have among my clientele a young lady about 19 years old (have known her since birth) whose heart beats against the right side of her chest. There is no condition or trouble to call one's attention to the fact.

H. J. BRUCE, M.D.

Bridgeton, R. I.

Editor MEDICAL WORLD:—Seeing an article about the heart beating on right side reminds me of a visit to see Mr. Jessie B., aged 16, who had bilious fever. On examination I found his heart as much to right of sternum as ours to left. Could find nothing abnormal except position; apex beat near same position to right as others to left. I had heard of such, but thought it doubtful. His father

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askt me if I had ever seen or heard of a similar case. I thought about communicating this, but have been too busy.

Union Center, Ill. J. C. PAXON.

Editor MEDICAL WORLD:—I wish to report a case of heart on right side, similar to the one reported by Dr. Little, of Bloomington, Ill., in March WORLD. The patient is a sister of mine, and now resides in Centralia, Ill. No bad effects have ever been known to come from the unnatural position of the heart. My father, Dr. R. H. Scott, of Centralia, made the discovery when my sister was a child four or five years of age. She is now forty-seven years of age. S. F. SCOTT.

Waukomis, Okla.

Editor MEDICAL WORLD:—Referring to Dr. Little's case, page 109, March WORLD, "Heart on Right Side," will say that I have almost a similar case under treatment now for tuberculosis pulmonalis. Patient, young man aged thirty, weight when in health 140 pounds, height 5 feet 11 inches. Family history bad. Developt tuberculosis three months ago. When first examined, I found the heart as follows: the apex beat was plainly evident to inspection and palpation in the left intercostal space a little more than an inch to the left of a vertical nipple-line on the *right* side; area of cardiac dulness a little abnormal; action and sounds abnormal. There is a peculiar "whiz" about his heart which he says sounds like bells to him. This sound he says did not bother him until this last illness. I, too, thought this the only case in the world.

M. A. BLANTON, M.D.

Baileytown, Tenn.

Editor MEDICAL WORLD:—Girl, aged six years, weight fifty-four pounds, bright and intelligent, enjoys good health with the following exceptions: Apex impulse of heart in fifth intercostal space three-quarters of an inch to left of nipple line *on right side;* like Dr. Little's case, March WORLD, page 109, the apex of heart is transposed to right side and the base to left side. The child is troubled with dyspnea after least exertion. Lips are blue, fingers are cyanotic and club-shaped. J. E. MITCHELL, M.D.

Postal, Mo.

[She has poor circulation. What is the condition of the heart, as revealed by careful auscultation? This child should be managed (*managed* rather than "treated") with intelligent care, based on the condition of her circulatory apparatus.—ED.]

Viscera Reversed—Possible Autotoxemia.

Editor MEDICAL WORLD:—I have been practising about nine months, and was fortunate enuf to subscribe for THE WORLD at the first of this year. I think I have got the worth of my money already.

In reference to Dr. J. Little's case of heart on the right side, I may say that in my sophomore year in Trinity Medical College, Toronto, Ont., we had a "sub" in the dissecting room that had not only his heart on the right side, but the whole of the thoracic and abdominal viscera were turned round. Of course the faculty appropriated our man immediately, and it is now in the pathological museum of that college. Perhaps if Dr. Little had examined his man more closely, he would have found his liver on the left side, spleen on right, etc.

I will describe a case that I have under my care, and ask your advice in regard to it:

E. O., age 18, female, came under my care last June suffering from constipation of a most obstinate character. In April she had an operation for appendicitis, and at the same time part of the bowel was resected, as it showed signs of slufing. By using salines and enemata the bowels were flusht out; then she was given the U. S. P., A. B. S. C. pill, one or two at night, as required. Thus she past last summer and this winter. Was feeling better last fall than she had for two or three years.

Three weeks ago I was again called to see her, and found the following condition: Patient very weak, scarcely able to walk; appetite poor, but food seemed to digest all right. Bowels constipated. Cardio-vascular system and respiratory system normal.

Genito-urinary system; urin, reaction, acid; sp. gr., 1,025; sugar, none; albumin, none; urea, 10 grs. to oz. Menses usually ahead of time, accompanied by considerable pain.

Muscles not wasted, but do not have same strength as usual.

Nervous; is not troubled with headache; has had considerable pain in the legs and back, but has not had any for over a week. She occasionally has a feeling of numbness in arms and legs. When examined three weeks ago there was complete anesthesia of limbs and body. Could not feel a pin prick any place; cannot discern heat nor cold impressions at time

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of writing; can feel some in scalp and along spine; can walk only when supported; arms also weak. Reflexes: Patellar, increast in right leg; none in left; no ankle clonus; no superficial reflexes.

For treatment I have used faradism, alternating current, along spine and on the limbs, internally syrup hypophos co., and when any of the organs do not work properly, I prescribe according to the indications.

If you or any of your readers can suggest anything different that would likely avail, I would be glad.

A. F. WRIGHT, M.D., C.M.

Plainville, N. Y.

[The above letter shows that you received systematic training in college. We are inclined to think that the basic cause of trouble in your patient is obstruction to free passage in the bowel, as a result of the operation, permitting reabsorption of poisons that should be excreted—autotoxemia. Begin your flushing again, and you may be able to repeat your success of last summer.—ED.]

Pre-natal Impressions.—Mercurials and Abortion.—Medical Fallacies.

Editor MEDICAL WORLD: — As the WORLD Editor desires to keep in touch with country practicians, and particularly invites those who are not prone to rush into print to respond, I will offer a few comments on the March number:

Dr. Nichols (page 98) mentions three cases purporting to verify pre-natal impressions. I would like to suggest that had not those children been born afflicted, the Doctor would never have heard of the alleged impression. In nearly every case where those distressing deformities occur we will find a history of an injury as in the first case cited. The absence of the occipital bones, supposed to have been occasioned by witnessing a "head-end" collision with a beer wagon, is a common one and ranks along with spina bifida. I remember one case in which fully one-third of the base of the brain was uncovered by cranium. The brain protruding, covered by meninges, resembled a huge carbuncle. Indeed, the mother attributed the condition to the fact that she had drest a carbuncle for a relativ a few months previous.

Dr. Murphy (page 103) speaks of the abortiv effects of mercury in the pregnant woman. I think it all depends upon the woman and her proneness to abort. I have given calomel to pregnant women for cathartic effects repeatedly and have never had undesirable results. We know it to be proverbial that many women take large doses of this drug anticipating certain results. We know that it usually fails, as do nearly all *drugs* taken for this purpose. However, it is well known by every physician that many women are susceptible while in the pregnant state to seemingly insignificant causes, and among such may be clast those who are dealt with unkindly by mercurials. I believe that in the normal woman small, physiological doses of calomel are no more likely to produce deleterious results than similar potencies of Epsom salts. I don't believe the syphilitic, either male, female or sexless, is a whit more tolerant of mercury than somebody else, all things weighed, who has a prime heredity and who has never chased the alluring and omnipresent Venus! This one blow of my trenchant (?) pen may not annihilate a medical fact, but here is something for the brothers to chew upon. There is extant a great deal of knowledge, medical and lay, that is spurious. We are loth to give up old clothes, old friends, yes, even old beliefs. For a great many years it was believed that acids, heat, cold, etc., produced ptyalism. No educated physician any longer believes this.

Apropos of medical fallacies, a few years ago, it was thought that a drink of cold water in measles was conducive to the undertaker's health. Some brazen fellow who had measles, and at the same time had no regard for medical science, eluded his guards one night and drank a pitcher of cold water. The next morning found him eruptiv and convalescent. Antipodes changed. Cold, internally and externally, was the thing. I knew one doctor to carry this idea so far as to immerse his patient in water ice-cold. The funeral was not long delayed. We are more likely to strike the extreme than the happy medium in medicin as in everything else worldly. Such mountains of ignorance and superstition exist that truth must necessarily come slowly.

Recently I heard some goods-box philosophers exploiting the deeds of a certain individual who could "stop blood" the second he heard of the case—"absent treatment," of course. Some one present was wise enuf to remark that it had to

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stop some time. As in this case, we are inclined to frown down coincidence and the natural course of events. The doctor pompously talks about curing his patients. "Cure" is sparingly used in the lexicon of the modest man of medicin.

I have digrest from the theme which I had thought of at the outset; but following this trend I wish to note some of the erratic views which are held concerning health and longevity. We know it to be a fact that men and women are living longer and better than ever before. We are utilizing the great truths of nature as never before, as we "go forth into the open sky and list to Nature's teaching." We have learned that happy, healthy, green old age is only attained by those who know how to adjust their environment to their physical wants: by knowing when to work and when to play; when and what to eat; when to sleep, etc. Men have delved deeply in their search for a panacea which would stay the hand of Time, but single efforts seem to have been futil. The latest addition to crankdom along this line comes from St. Louis, where a society known as the "dirt eaters" are doing business. They reason, rather opaquely to be sure, that man, like some of the lower animals, needs more grit in his economy in order to give him strength and endurance. The grit is a sand obtained from the bed of some river, and the daily portion is a teaspoonful. The apostle who presides over this erratic people deals out the sand at so much a deal, and no doubt this manages to keep the pesky wolf from the door.

From Chicago come reports of a club of some strength numerically whose belief is not to indulge in more than four hours of sleep. It is such a reckless waste of time, you know—tends to ennui, etc. Thus we might enumerate fads and theories galore, which prove nothing as to life and longevity, but only confirm the adage that "one man's meat is another's poison." After all, the main study of mankind is man, and keeping in harmony with our environment.

I am glad to note the favorable replies given to Dr. Rebman, who has consumption, or thinks he will have it. They tell him to brace up and live. What a part, indeed, does suggestion play in disease and its treatment. A great many people die every year because they have heard their ancestors died of tuberculosis. They do not have grit enuf to refute it and live. A good many old fellows die at sixty-nine because somebody sometime said that the alloted age of man is three score and ten.

Glancing hastily at these lines I see they savor somewhat of the iconoclast; but if they have only aroused some one's ire, they will have subserved a useful purpose. Mutual admiration societies are not conduciv to mental and spiritual growth.

Jewett, Ill. W. T. MARRS, M.D.

Dr. Colbourne's Liver Case.

Editor MEDICAL WORLD:—This is the first time in the last twelve years that I have tried to come forward with a few lines in a medical paper. The last article I wrote was for the Therapeutic Gazette, in those days when Prof. H. C. Wood and Prof. Smith were the editors. It was entitled "Acute Atrophy of the Liver." From that day on I left all writing to younger men, but a letter publisht in THE WORLD for March, page 86, written by Dr. I. A. Colburne, stimulated me sufficiently to write the following:

Surely no one could accuse the doctor of not having done his best in the pneumonia case he mentions in the first part of his letter; indeed he did all he could and considerably more than such a miserable, poor and wretched atom of humanity as his patient was entitled to.

In regard to the second case, I think, if the Doctor had reflected and studied the conglomeration of all the various kinds of diagnosis, he could have made his own and a correct one, without any great trouble. He should have read between the lines of statements of his predecessor and they would have given him as a correct result, *suppurativ hepatitis.*

A doctor is called to see a patient. The man is emaciated, has a diarrhea (probably chronic dysentery) with very little fever, satisfactory appetite, no color in the face, or rather, is very pale, resembling the kind of chalk which is neither white nor yellow. He takes the case, but can not yet make a diagnosis. If he had taken a pleximeter or even his own fingers, he would have found that the liver is enlarged; and if he had followed closely the respiratory movement, he would have discovered quite a difference of intercostal muscular extension between the right and left lung. He does neither, but waits. The case changes. The man gets pains in his right shoulder blade, first below it;

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by and by the "hypochondrium becomes large and dense"—and the liver dulness pushes up to and above the ensiform cartilage. The pain below the scapula attacks the scapulo-clavicule humeral articulation; the sensation is that of tension and tightness, accompanied by a boring (see Frerichs Diseases of the Liver, 2nd. Vol.) which becomes very acute for a few days; often the deltoid muscle is affected to such a degree that it becomes atrophic. This is the diagnosis of "articular rheumatism" of the first doctor.

In the same time the fever of the patient increases—at certain times. He becomes at times flusht as if burning up; his temperature, mostly in the evening, rises to 103° for a few hours, then it falls. He becomes pale, covered with perspiration, clammy, icy and sticky; the pulse is quick and thready, his breathing irregular, sometimes bronchial, sometimes even cavernous—and this again the next diagnosis of the first doctor, "nervous prostration."

Now the scene changes: The rheumatisms, the nervous prostration disappear and here remains a man, intolerably weak, pale, slightly feverish, has perhaps some slight cough, perhaps not, can yet eat—but the enlargement of the liver is so great that a blind man can feel it; and what is more, there is a tumor that reaches high up to the anterior mediastinum, and perhaps to the third or second intercostal space to the left. He listens, hears the beat, which he considers arterial, and his diagnosis is made for the last time, "aneurysm of the hepatic artery." Truly the gentleman is to be congratulated, and at the next change of medical examiners of Illinois the governor should appoint him to the high office.

Now Dr. Colbourne comes on the scene. He did not see the patient from the beginning, hence has only to take the confusion of symptoms, which the relativs of patient give him, and the worst confounded confusion of diagnosis that his predecessor left behind him.

He examins the case carefully, as his letter shows, but as he finds no jaundice he goes a little off the track, but confesses honestly, that the case is not clear to him, and being askt to prescribe, he does so. In a few days, or even weeks, comes the great finale. He is called, finds his patient nearly moribund, and after a proper treatment restores him yet for a short time to life. There is no help. After the man is dead he finds pus in the pleural cavity—*but I believe, from the sudden symptoms of total prostration, from the pulseless wrist, the quiet heart, the silent respiration, at that moment the pus, which was already partially in the pleural cavity, broke thru the pericardium and produced the dangerous symptom.* (See Frerich's Diseases of the Liver, Vol. 2—Effects on the Circulation and Respiration). Now if the Doctor had insisted on a postmortem examination, he would have found how far the destruction produced by rupture of pus went, as well as what kind of hepatic abscess this was.

That this was not the only abscess the history of the case shows clearly. The loose stools mixt with pus, and perhaps a pure pus stool, show clearly that some smaller abscess must have ruptured before and found its exit thru the colon, however rare such a case may be. (See as above, "Modes of Termination.")

However, as far as the second abscess is concerned, its history is very clear. The changes in the liver, and its formation, comprise the period before the first doctor made his diagnosis; the symptoms of his rheumatic fever make the period of full formation and extension up to the diaphragm. The period of nervous prostration embraces the time when it broke thru above named membranes, even high up to the pericardium, where both the heart beat, communicated further on, was heard externally, as well as the cavernous breathing, where it had entered perhaps a bronchus and receded again or was absorbed.

The whole case thus read between the lines is very plain, tho its nature only a postmortem and the microscope could have determined.

JOSEPH F. ZITEKE.

Batesville, Ind.

Dr. Manning's Test Case.

Editor MEDICAL WORLD:—Inclosed find $1 for my renewal. I hope I am the "trashiest" reader you have, as this should have reacht you two months earlier.

If Mississippi should not propose a better treatment for Dr. Manning's test case (February WORLD, p. 67), I will try my "target-rifle" on it, as I want Mississippi represented. If other replies come from my state, you would oblige me by "tabling" this. It takes a *man* to handle such cases as Dr. M. has given us. The "hypo-

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dermic of 10 gr. quinin," recommended by Dr. Hoadly (March WORLD, p. 105) will do its work in half the time if five or ten drops of the tinct. of nux vom. and four drops of the tinct. of belladonna be added. If reaction should not follow the first injection in a reasonable length of time, repeat, using but half the amount of the two tinctures, but the full amount (10 grs.) of quinin. As absorption is suspended in such conditions, it seems to me that the safer plan would be to rely on the hypodermic syringe, in our efforts to ward off the next paroxysm; it would be "erring on the safe side," to say the least. I have not "carried home a black eye" since I adopted that plan of dealing with such cases, whereas I used to do so very frequently. We are dealing, here, with a desperate condition—one that calls forth our best efforts. Of course, it would not be necessary to rely solely on the hypodermic syringe in every case. Enuf said about quinin.

Admitting that absorption is suspended, or partially so, it is nevertheless our duty to begin at once to "arouse the secretions" of this patient. Not, however, by giving him a 10-grain dose of calomel, combined with soda, and followed in four or six hours by a saline, but by giving him ¼ gr. calomel, and ½ gr. ipecac, thoroly triturated with sugar or soda. Lay one of these powders on his tongue every hour till he has had six, and then every two hours, till you get dark, tarry, bilious discharges from the bowels. After the above described discharges appear, continue the calomel in 1-10 gr. doses every two or three hours till the patient is out of danger, or till you are satisfied that the "glandular system has been thoroly aroused."

I will mention another thing that should be done, which, while it may seem "barbarous," is at least as "humane" as depriving a woman of her ovaries. For that "cold, collapst, froggy" condition, fill a teacup half full of turpentine, and add a teaspoonful of powdered capsicum; dip a very soft rag into this, and literally *scour* that man's spine from one end to the other. Visit the same "judgment" on his chest, especially over the solar plexus, and also his feet, legs, arms, and hands.

Hohenlinden, Miss. A. C. GORE.

Salines and acids, at proper intervals, will cure most dyspeptic patients much quicker than the most heroic doses of pepsin.

Dr. W. Park, of Grafton, Ill., agrees with Dr. Hoadley's treatment of the test case as given on page 105, March WORLD, except that he would add a little atropin to the quinin, and wrap the patient in a woolen blanket, wrung out of hot water, during the stage of collapst capillary circulation in which we find him. "Here in the Mississippi valley we frequently have such cases in September and October. We call them congestiv chill. They may be controled during the first or second attack, but patients rarely survive the third."

Acetate of Lead for Epilepsy.

Editor MEDICAL WORLD:—I suppose many, personally, will reply to Dr. Moser's request for help in his case of epilepsy, so I will reply thru THE WORLD. Some time ago I read an article in the Medical Brief by Dr. W. R. Minniece, on the treatment of epilepsy. He gives as his authority for his treatment Dr. F. A. Ross, a late professor of materia medica in the Mobile Medical College. The treatment is two grains of acetate of lead in a capsule three times a day for three months, with a small dose of sulfate of magnesia every morning. This for adults. He cites eight cases treated by his late professor with perfect cures, also two by himself with perfect and satisfactory cures.

After reading this article I hoped for a case on which to give this treatment a fair test; at last it came, and to-day my patient is seemingly free from his former trouble. This case was of about fifteen years' standing. He has not had any treatment for a month and no return of disease. I can't say that he is cured, but must conclude that this treatment is worthy of trial. I do not know by what process acetate of lead acts other than as a sedativ to the brain or as an astringent. I would like to have the brethren air this subject thoroly; report any case they may cure or fail to cure by the above treatment. I do not give this as a specific in the treatment of epilepsy, for I would not conclude that this is the thing until after I have tested it in more cases than the above narrated one; but I simply submit it to you all for further "airing."

Dr. H. A. SIMPSON.

Chuckey City, Tenn.

There is no better moist dressing in minor surgery than a two dram to the pint solution in water, of the commercial formaldehyd.

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Epilepsy.

Editor MEDICAL WORLD:—I have spent many weary hours trying to find the cause of epilepsy. It is needless to say I have not succeeded. In reply to Dr. Moser, March WORLD, page 119, I would say there is no cure for his son. The following is the present day treatment:

Eliminate salt entirely from food.

Use bromid of soda for salt in all food.

Do not let the patient eat trash, or anything that will ferment in the stomach.

Do not allow overloading of stomach.

The bromid should be begun in small quantity and gradually increast until convulsions are under control, and then held at that amount. This may seem easy, but I assure you it is not in a private house. I have had patients go six months without convulsion, and within forty-eight hours after arriving home have them to beat the band.

T. M. WILES, M.D.

Central Indiana Hospital for Insane.

Editor MEDICAL WORLD:—In reply to Dr. O. L. Moser's request for treatment for epilepsy, his son being the patient, I wish to submit the following treatment, which has always given me good results.

While taking the following prescriptions, the bowels should be flusht with a quart of warm water once or twice a week.

No. 1.

℞

Hydrocyanate of iron.
Powd. ext. of henbane.....āā ℥ss
M. ft. caps No. lx.

Sig.—One every night and morning, increasing dose one pill every three weeks until three are taken at a dose.

No. 2.

℞

Aloin..... ½ gr.
Ext. belladonna..... ⅛ gr.
Strychnin sulf.....1-120 gr.
Ext. cascara sag..... ½ gr.
M. ft. caps No. 1 for one dose.

Sig.—One or two every or every other night, to regulate bewels. Best taken at bed-time only.

No. 3.

℞

Pot. iodid..... ℥ij
Pot. bromid..... ℥ij
Ammonia brom..... ℥iiss
Pot. bicarbonate.....grs. xl
Fl. ext. columbo..... ℥iv
Water, q. s., ad.....℥viij

Sig.—℥j before each meal and bed-time in a wine glass of water.

G. B. PARRAMORE.

Eureka, Fla.

Editor MEDICAL WORLD:—I would suggest for Dr. O. L. Moser's case of epilepsy (page 119 March issue), that the doctor look well to the condition of the rectum and genital organs, as we so often find reflex irritation the cause in such cases. ascertain whether or not the patient practises self abuse. If no cause is found here I would advise hyoscin hydrobromate, camphor monobromate, strychnin arseniate and gelseminin. Push to physiological effect. Meanwhile clean out the bowels thoroly with salines, and disinfect with sulfocarbolate of zinc. Put him on vegetarian diet. Try it, Doctor, and I believe you will regain your courage.

Corsicana, Mo. R. A. PRICHARD, M.D.

Erysipelas.

Editor MEDICAL WORLD:—There are three forms of erysipelas: Simple, phlegmonous and gangrenous. The simple form is most common, hence it is this form that the general practician is called upon to treat most often, tho we may be called on to treat any of the three forms at any time.

The disease may appear on any part of the body, but I have found it most often on the extremities, and next on the face and head. It usually begins with a small red spot, somewhat resembling the beginning of a boil, and from this it will spread over a considerable area if its course is not promptly checkt.

The patient sometimes complains of chilly sensations with slight fever and headache, dull and stupid feeling, and tongue coated. When I have a case like this I bathe and cleanse the part affected thoroly with a 1 to 5,000 solution of bichlorid of mercury, and dress with borated moist gauze, and cover this with a roller bandage.

For the coated tongue I prescribe:

℞

Calomel
Soda bicarb. āā gr. x
M. ft. chts. No. 3.

Sig.—One every two hours, and follow with Epsom salts in two hours after last powder.

For the slight fever and headache, I prescribe:

℞

Quinin
Pyroctin āā ft. No. 2 caps 1 doz.

Sig.—One every four hours.

I visit my patient again in twenty-four hours and bathe and dress the parts affected just as before. I usually find my

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patient a good deal better and resting well. By this time the fever will have subsided, headache ceast, and tongue cleaning off. I now prescribe Basham's mixture, ℥viij. Sig. Tablespoonful well diluted every four hours. Every one knows the merits of Basham's mixture. In this we get a diuretic that is mild in its action, and when given well diluted the water itself helps to keep the kidneys acting. The iron which it contains is also desirable in a case of erysipelas; and last but not least, it is a fine tonic. Hence I give all my patients suffering from erysipelas Basham's mixture.

With this treatment a simple case of erysipelas will usually get well in a few days.

For a case of phlegmonous erysipelas I would adopt the same treatment at first. but as soon as pus formed in the deeper tissues I would use the lancet and evacuate it at once and wash out the cavities with a bichlorid solution of milder strength and dust the cavities and parts thoroly with

℞

Acd boric ..... ℥j
Bis. sub. nit. ..... ℥iij

M. Sig. Use as a dusting powder.

Dress with borated moist gauze as before. These dressings should be changed and the parts thoroly washt every 24 hours.

For the gangrenous form I remove every particle of dead and slufing tissue every time I change the dressings, which should be done every 24 hours. If the parts are thoroly cleansed at each dressing and the cavities well powdered (and when cavities are deep from slufing, packt with gauze), they need not be changed oftener than every twenty-four hours

I have had a case recently of each form all at the same time, and the treatment given here was used in all three cases and all recovered. R.

S. C.

Treatment of Diphtheria.

Editor MEDICAL WORLD:—I notice a good many articles on diphtheria and its treatment. Of course I am not capable of giving much advice—only been treating it thirty-five years. Never have lost a patient since I stopt giving tinct. iron. I am satisfied it has killed more children with diphtheria than the disease ever did. The first two cases I ever treated with it died, and I quit it, and resolved never to give anything to help choke my patients to death. So my treatment has been to clean out the stomach and bowels with castor oil, cookt with sweet milk and hot water, sweetened with sugar, with one drop of croton oil, keeping them open with the same. I have a little sulfur blown out of a cane into the fauces once a day. Then I use the following for a child five years old, increasing or decreasing, according to age:

℞

Chlorate of potash ..... 2 drams
Fluid ext. of hydrastis ..... 3 drams
Tinct. myrrh ..... 2 drams
Tinct. xanthoxylin ..... 2 drams
Water to make six ounces.

Sig.—Gargle every two hours, then swallow twenty drops after each gargling.

If the child is very young, just put a few drops in its mouth every few minutes to wet the throat. No harm in swallowing it.

℞ No. 2.—Tie up two tablespoonfuls of soot from the chimney or stove; put it in a cup, pour boiling water over it; let stand awhile, sweeten and give half a teaspoonful, alternately with the first prescription.

Beat up one pint of cotton seed, boil half an hour, thicken with meal to make a poultice; let it get cold; put it in a little sack, grease the side to go next to the skin, and apply it cold to the throat, renewing it every six hours. This is my treatment, and I don't lose any more patients. M. S. MOORE.

Florence, Ark.

Cerebrospinal Meningitis.

Editor MEDICAL WORLD:—In reply to J. C. Lindsay, Shady Point, I. T., page 111, March WORLD: We had an epidemic of cerebrospinal meningitis here in the winter and spring of '94, and patients *all died* until we quit giving cathartics in commencement of attack and went to sweating and giving large doses of quinin, also counter-irritation to spine. After that we lost none that we saw in the early stage of the disease. Sweat until the spine is relaxt, then give the quinin; repeat next day at time of chill.

A. S. HASKIN, M.D.

Lawrence, Mich.

Dr. W. S. Cline, of Woodstock, Va., treats sciatica and lumbago successfully by rubbing bisulfid of carbon briskly on the surface with a rag.

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Editor MEDICAL WORLD:—In reply to J. C. Lindsay, M.D., in March WORLD, wishing treatment for cerebro-spinal meningitis, will say that iodid of potassium in connection with ergot to lessen caliber of blood vessels of brain, blisters to nape of neck and temples or behind ears, and strychnin to prevent paralysis, have given me almost universal success in that disease. I would like, however, to hear from others in regard to treatment, as it certainly has had less attention given it in journals than many other diseases less fatal.

A. J. SHORE.

Sailor Springs, Ill.

A Lithia Laxativ.

Editor MEDICAL WORLD:—Kindly inform Dr. J. L. Stearnes, Salem, Va., thru your valuable journal that if he uses the following formula he will be giving Thialion a hard rub:—

Soda citrate	67.00
Soda sulf	17.00
Lithia citrate	1.50

This formula was first used in Germany with good success, and it was probably from there that the proprietor of the above preparation obtained it. Uricol, made in this city, is similar only much cheaper.

	Approximate
Sodium citro-phos.	72.00
Sodium sulf. exic	12 00
Lithium citrate	1.50

CHAS. H. ROBBINS, M.D.

New Haven, Conn.

For Fetid Perspiration.

Editor MEDICAL WORLD:—I would like Druggist's wife, page 116, March WORLD, to try sanicula 3x, one or two drops t.i.d., and report results after a few week's treatment. I have used it on very bad cases of sweating feet and found it a specific.

It can be obtained only at homeopathic houses.

DR. C. A. PALMER.

Farmingdale, N. J.

Carbuncle: Treatment.

Editor MEDICAL WORLD:—I am not quite sure that I agree with you fully in reference to "Carbuncle" (March WORLD); however, if we should talk the matter over, we should, as usual, be much of the same mind. I certainly agree with you that carbuncle is, as a rule, very poorly treated. It is, of course, the manifestation of a constitutional condition, the necrosis being determined to this particular point by fact of exposure, contusion or other irritation.

I have had my "ups and downs" in the treatment of carbuncle, as all other doctors have, but since I became an alkaloidal "crank," I have had no further difficulty. The last two cases I treated (one of the hand and the other of the face) were in people over seventy years of age, and they were both very bad cases, the constitutional trouble being clearly manifested.

Each was immediately anesthetized with chloroform, a crucial incision being made clear thru the injured area from top to bottom—North, South, East and West, the gaping wound thus made being packt with gauze and a regular drainage dressing being applied. The patient in each instance was put on large doses of calcium sulfid (nature's best aid to systematic antisepsis) and commensurate doses of strychnin arsenate for the purpose of pure stimulation. In each instance the result was almost magical, the wounds draining and healing without the slightest untoward symptoms and with little scar.

I make a strong point of complete incision. If you are only going to "tap" a carbuncle, for heaven's sake, don't touch it; for you will do more harm than good. If you cut at all (and I say cut), cut clear thru, as above described, and cut more rather than less. The relief to the circulation thus given is immediate. Reaction occurs, drainage takes place, and nature has a chance to recover its lost tension and repair local damages with the least possible destruction of tissue.

When a complete and clean healing is establisht, calcium sulfid should be discontinued with nuclein to take its place, and strychnin as a tonic with good feeding and out-of-doors refreshing should be kept up for some time.

Carbuncle is not a terrible thing if you treat it right; but no half-way matters will avail.

W. C. ABBOTT, M.D.

Ravenswood Station, Chicago, Ill.

A Satisfactory Treatment of Carbuncle.

Editor MEDICAL WORLD:—Referring to your statement in the March number that "most carbuncles will heal within six weeks if properly treated," please allow one who has "been there" to relate his experience, showing the entire course within three weeks, and a complete cure

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within two weeks after surgical interference.

Much to his amazement—and much more to his discomfort—the writer found himself the victim of a carbuncle, situated in the usual position on the neck, and it was termed a "beauty" by the doctor who was called to treat it. Notwithstanding this judgment, and altho the "beauty" was due to the the blue aristocracy of pus germs, the bacillus pyocyaneus, the victim was exceedingly anxious to be quickly rid of it.

Indeed, with the hope of aborting it, an early incision and the application of carbolic acid had been tried, but without avail. Later, when the affection still appeared to be a simple boil, cleansing and dressing with peroxid of hydrogen (as advised in your excellent editorial) also proved ineffectual. Within a few days after the first appearance of what seemed an innocent little pimple an enormous carbuncle had developt, presenting pus openings, and causing complete physical prostration with markt evidences of septic absorption.

After poulticing for one day, the "beauty" was incised under cocain thru the several openings and the cavity was thoroly scraped. The wound was then cleansed with a mixture of equal parts of pure glycerin and peroxid of hydrogen, a few drops of formalin being added. The cavity was packt with gauze saturated with the same mixture, and an abundance of absorbent cotton was used in the dressing. The next day the cavity was cleansed and drest in the same manner, and on the succeeding day the opening or depression was not larger than the tip of a finger. Under this treatment, and with liberal diet, tonics and sulfid of calcium, the patient was soon out and about. Indeed, he did not miss a meal nor an hour's sleep after the operation. The operation was done within six days after the pimple was noticed, the closure of the incision, which seemed rather tedious after the rapid reduction of the inflammatory action, was complete in two weeks. The resulting scar is not nearly as conspicuous as many that have followed the non-operativ plan of treatment.

This application, equal parts of pure glycerin and hydrogen peroxid, is an effectual depleting and antiseptic agent. It is better by far than the use of either alone. It causes a profuse serous discharge, checks septic absorption, destroys pus germs and quickly reduces inflammatory action, thus hastening the curativ process. The same mixture (which should always be freshly made) is also useful in the treatment of carbuncles, boils, etc., even without the use of the knife and curet.

Being satisfied with the excellence of this dressing, and the plan of radical treatment as well, the writer feels that others will be pleased to make a trial—on some other fellow, of course. X. Y. Z.

Washington.

Editor MEDICAL WORLD:—Page 101, March number, 20 grains of calomel at once would have removed the worms. Quassia is all right, but slow in its action. On page 88, same number, carbuncles are rationally treated by free doses of iodid of potassa internally, and good judgment in external applications. Never cut unless well *pointed*. W. L. KREIDER.

Prairie City, Ill.

Give Nature a Chance.

Editor MEDICAL WORLD:—I want to heartily endorse Dr. H. S. Taylor's view in March number, page 102: "Don't be in too much of a hurry, but give nature a chance." Twenty-four years ago, when I was a young physician beginning the practise of medicin, I often met old Dr. B., of Clinton Co., Mo., who, in knowledge and natural ability as a physician could have shown as a star in any city; but he preferred to be a country doctor. His advice was, give nature a chance, and in the great majority of cases she will do her work all right. I took the advice of the old doctor, and have had reasonably good success in obstetrical work. He owned forceps and knew well how to use them when necessary, but he never carried them with him. When needing them he would send a messenger, and often before the forceps arrived, the labor would be naturally ended. On one occasion he said he was called in consultation with a young physician who was always ready to use forceps, and had done so with the case in point twice before with *two dead babies* resulting, claiming each time that it would be impossible for the patient to get thru unaided by forceps. The third time, the couple being anxious for a living child, old Dr. B. was called, and what a time (to use his own words) he had holding the attending physician down to prevent his resorting to instruments. For about twelve hours he pleaded for his forceps, but old Dr. B. would

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insist, "wait awhile longer," until finally in a natural way a healthy living babe was born, and to my certain knowledge others have followed without forceps. I am afraid that instruments, with many, are simply a fad and hobby to save time and to create an impression. Of course this is not aimed at their legitimate use.

Bad cases are often made by the doctor's meddling, not nature's abnormality. As to success, am willing to compare notes with any man's obstetrical work: three cases of hour-glass contraction in early practise; one prolapst funis with dead child, of course; one of placenta previa, central, baby saved. J. T. KIMSEY.

Bloomington, Mo.

Correction.

In March WORLD, page 101, second column, sixth line from bottom, instead of "*worm* is divided into two," etc., read "*beak* is divided," etc. We suggest that you turn to the page now while the matter is in mind, and change the word with a pencil.

Coldness of Brain.

Editor MEDICAL WORLD:—I take issue with you in your criticism on Dr. McCormick's case page 119, March WORLD. I cannot agree that the complaint, "brain feels like a lump of ice," is "pure nonsense." Our homeopathic provings of remedies give us twenty remedies with the sensation, "coldness of vertex;" of this number veratrum album has the sensation in the most markt degree. Five remedies have the "sensation of lump of ice in vertex;" of these veratr. alb. has it in the highest degree. Also, veratr. alb. has tearing pains in the eyes and a right sided neuralgia pabpebralis. Much despondency and anxiety characterize the mental pathogenesis of this remedy. The patient's fear of paralysis is not ungrounded. Wrapping the head will not help her, nor will local applications. The sensations named are very real, whether we can explain their pathology or not, I do not know that veratr. alb. would cure Dr. McC.'s patient; further symptoms would be necessary to determin that question. I do think that she is entitled to be cured rather than amused; and that Dr. McC., in his study of the case, may be induced to investigate this remedy, is the only purpose of this criticism.

To ye Editor, cordial thanks for his liberality toward the homeo profession.

Austin, Tex. JULIA HELEN BASS, M.D.

Editor MEDICAL WORLD:—In regard to Dr. E. P. McCormick's case (March number):

℞

Calc. carb. 200 dil.

Sig.—3 pellets every 3 days till 3 doses have been taken.

Use no application or other drugs.

If not improved in two weeks, then:

℞

Calc. carb. 7 dil.

Sig.—4 pellets a.m. and p.m. for one week.

12 E. 9th street.
New York City. P. W. SHEDD.

Editor MEDICAL WORLD:—I enclose $1.00 for 1902 subscription. I am a homeopath; but there are a great many things connected with the art of healing other than the prescribing of internal remedies, and in these I find your journal very valuable—better than any other I have seen. I like your honesty. You quite evidently don't believe in homeopathy, but you are willing to give all a fair showing. I especially appreciate the spirit manifested in your reply to Dr. Collins, of Meeker, Colo., March WORLD, page 120 (not that this has anything to do with homeopathy, however). When "regular" medicin teaches homeopathic materia medica, and gives its graduates a chance to practise it if they will, I am ready to see our body, as a distinctiv school, come to an end. C. H. LERRIGO.

Topeka, Kansas.

Editor MEDICAL WORLD:—I see the "regulars" are going wild over calcium sulfid—magnificent; aborts boils. fine in croup, etc., etc. If they will refer to old Hahnemann they will find full direction for its use under hepar sulfur calcarea. Let them also study calcarea sulfurica and learn to differentiate. Perhaps they will find silicea (trituration of silica) also of use in "biles" and several other things. The arrogance of a "regular" is a bubble that needs puncturing.

New York City. P. W. SHEDD.

For Crumbling Nails.

Editor MEDICAL WORLD:—Noting Frank Scott's inquiry regarding crumbling nails, March WORLD, page 117, I would suggest the use of silicea, 6 x trit. grs. v before meals and at bed hour; also calc. phos. 3 x trit. grs. v a half hour after meals.

This patient should omit tea, coffee, cocoa, etc., from bill of fare. Her food should be taken with *no* liquids whatever, until two hours after eating. Then drink copiously.

Blue glass in an east side window, thru which she can receive the sunlight upon the bared spinal column for 30 to 45 minutes daily, between 9 and 10 a. m., will materially aid.

The silicea and calc. phos. are not pre-

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scribed according to the law of similars, but upon the biochemic law or principle of supplying deficiences.

D. H. SNOKE, M.D.

Professor of Sanitary Science and Hygiene in the Physio-Medical College of Indiana, Indianapolis, Ind.

Dr. Geo. S. Lesher, of Murray, Idaho, would like to have the experience of WORLD readers in the treatment of exophthalmic goiter.

Dear Doctor:—In order to prepare a statistical table showing the results of the treatment of pneumonia with creosote or creosote carbonate, I ask the aid of the profession.

Let every physician who has given the treatment a trial send me on a postal card during April, 1902 the number of cases treated, and number of deaths. State whether of record or an approximation.

Please answer yes or no to the following questions.

1. Do you believe creosote ever aborts pneumonia?
2. Do you believe the majority of cases are mitigated by it?
3. Have you found cases, which having plenty of time, were entirely influenced by it?

To every one favoring me with a report, I promise to mail a copy of the condensation of reports.

If the remedy is what some of us think, the world ought to know it. If we are deceived we ought to be undeceived. Therefore send on the reports. I. L. VAN ZANDT, M.D.

Fort Worth, Texas.

Editor MEDICAL WORLD:—Allow me, thru the columns of your esteemed journal, to tender my sincere thanks to yourself and also to quite a number of your subscribers for the kindly interest manifested toward my call for advice relativ to my wife's health, as publisht in February WORLD, page 69. I have received letters from doctors in every section of our great country—from Maine to Florida, from the Atlantic to the Pacific—all breathing a spirit of genuin good will and brotherly interest. Those letters contain many excellent prescriptions and suggestions, for which I am truly thankful, and which I will make available in some time of need. My call for help has demonstrated two points: First, that THE MEDICAL WORLD is truly a national journal, reaching every corner of our country; second, that doctors may be found everywhere ready to lend a helping hand to those in need. When I received the February issue my wife was improving, and I continued the treatment she was then using, as one of my mottoes thru a twenty-six years' experience in medicin has been, "let well enuf alone." She was then taking pepto-mangan (Gude's) and strychnin as systemic tonics, with liquor sedans (P. D. & Co.) and belladonna as utero-ovarian sedativ and anodyne. On this treatment, supplemented by rest, as indicated, she has steadily improved, and is now, I am happy to say, in excellent health. I have delayed writing in order to make sure that her improvement would be permanent. The above combination of remedies did their work beautifully, and I submit the treatment in order that others may try it in similar cases. McH. JENKINS, M.D.

Walnut Shade, Tenn.

Pure peroxid of hydrogen, faithfully applied every hour in tonsillitis, will make a satisfied patient and a comfortable doctor.

Echoes.

Dear Dr. Taylor:—I want to compliment you on the thoroness with which, in the March WORLD, you discuss the subject, "The Medical Profession as an Economic Factor." I have nothing to add, excepting to say that your estimate of the amount of drugs carried by the dispensing physician is altogether too low. Possibly your average, taking them all in all, is correct; but I doubt it. A dispensing physician who does any kind of a business will have on hand several times the amount you specify, and his drug bill in an average practise will run from $5 to $20 per month. When doing practically a $10,000 general practise, which of course is far above the average, and supplying 90 per cent. of the medicins used, my personal drug bills averaged about $20 per month, and I am sure, from my observation and experience, the estimate given above is more nearly correct. This, however, would simply emphasize the point you make, and more forcibly demonstrate the fact of the great importance of the medical profession in the business economy of the country. I am glad you have brought the matter up.

Chicago, Ill. W. C. ABBOTT, M.D.

[It will be borne in mind that my estimate for medicins was *not* for yearly expenditure (as for instruments—which are permanent equipment in their nature, and are not constantly consumed, as medicins are), but for the average stock constantly on hand. Also it must be borne in mind, that the *average* must take in the many city doctors who never supply a particle of medicin, except what might be used in an emergency hypodermic injection..—C. F. T.]

Editor MEDICAL WORLD:—I have been reading, with a good deal of interest, your article on "The Medical Profession as an Economic Factor," as it appears in the March number of your journal. I differ with you in several of your estimates; for instance, I do not think there are over 50,000 doctors in the United States of the $1,000.00 class; I would put 50,000 in the $500.00 schedule. As to your other classifications, they approach more nearly my own ideas on the matter.

Now, as to the estimated cost of preparation, I do not think it will be much more than one-half of the amount that you put it at. In other words, I should class it at $1,000.00 instead of $2,000.00 for the whole 135,000 doctors.

Now as to physicians' libraries: I think here your figures agree quite closely with my notion. I would, however, criticise your second item of an expenditure of $10.00 per year in medical books. I do not think it equals that. Then, again, your item for periodicals; I think $3.00, on an average, would be nearer the right thing, rather than the $5.00 that you give.

As to instruments, I think you are too low; I should put the value at $35.00 rather than $15; and as to medicins, I think you are too low. I should put it $15.00 to $20.00 instead of your $10.00.

It is an article that will stand a good deal of thinking over, and I hope will be of benefit to us all. C. HENRI LEONARD.

Detroit, Michigan.

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Editor MEDICAL WORLD:—I have read, with much interest, your article in the March number on "The Medical Profession as an Economic Factor," and quite agree with you in most of your deductions. As, however, you invite criticisms, and as I am not quite prepared to accept your estimate on instruments, I venture to send you my own experiences in this line. I really think I approacht as nearly to the average "medical graduate," upon leaving college, as is possible, yet my outfit of instruments considerably exceeded your estimate. I am entirely at a loss to understand why you suppose that the young graduate does not make use of obstetrical instruments during the "first several years" of his practise. One instrument in particular, the obstetrical forceps, almost every young medical man provides himself with, and, what is more, I think he invariably makes use of it early, certainly during his first year. In my own case, I very well remember that I achieved my first and greatest success by the timely use of the forceps, in my second case of midwifery. It was in a consultation case and the elderly man with whom I was associated, altho he had been in attendance upon the patient forty-eight hours, had become firmly convinced that the case was one of contracted pelvis, which would not admit the use of the instrument. Being a thoro gentleman, however, he gave me permission to try, and the result, as I have said, was a pronounced success.

You place the pocket instruments at from $3 to $10. This, I think, is quite too low. I never saw, or heard of, a pocket case listed as low as $3. Mine was a very ordinary one and cost, at Codman & Shurtleff, Boston, $14.00. My forceps, a Hodge, cost me $6.00. My hypodermic, one of P. D. & Co.'s earliest, nickelplated, $3.00, and my thermometer, a self-register, $1.50. This totals $24.50, instead of your $15, an amount I am bound to think, a little nearer the real average. Permit me also to say that in this Province (New Brunswick), there are very few, indeed, in the profession who earn (really receive) less than $1,000. Consequently for this country, at least, your estimate of income is a little too low; $1,200 would be nearer the average for the lowest class. Also permit me to say how glad I am to welcome THE WORLD again. I was was one of your earliest subscribers, but vicissitudes of location and change of practise induced me to discontinue my subscription for some years. I again gladly return to the WORLD family.

St. John, N. B, Canada. GEO. G. MELVIN.

[In a retail instrument store here a very respectable pocket case of instruments, price $3., was shown me. The prices ranged from $3 to $15. The $3 case was small, and contained but few instruments, but if well selected, would meet ordinary needs. The instruments themselves were identically the same as those that went in the higher priced cases. I was told that students usually chose a case from $5 to $7 in price. It is probable that essentially the same outfit that cost $24.50 years ago could be gotten now for about $15. —C. F. T.]

Editor MEDICAL WORLD:— Herewith find $2.00, which please place to my credit. Your estimate of $15 as the amount of each physician's investment in instruments is preposterously small. I doubt if three times fifteen would do it. In my county, with nine physicians, no town to exceed 1,400 inhabitants, I place the average amount invested in instruments and appliances at $110 each. S. M. MANN.

Grafton, Iowa.

[In my instrument estimate in March issue, possibly I did not make it sufficiently clear that an average expenditure of $15 *per year* was meant. Please understand it this way, if you have not before. If we will look at this matter another way, I think most persons will agree that my estimate will stand. What is the average professional life of physicians? Almost certainly between 20 and 40 years—omitting those who practise only one or a few years, and fail—and they are not included in our estimate of 135,000 Suppose we say that the average professional life of physicians is 25 years. Then we have according to my estimate of $15 per year for instruments, a total of 25 times $15, which equals $375, total expenditure for instruments for each physician during his life. I think this is a very liberal average estimate.—C. F. T.]

Editor MEDICAL WORLD:— You ask for amendments to the estimates submitted in the article, "The Medical Profession as an Economic Factor." The item with which I take issue is the estimated value of the medicins carried in stock by homeopathic physicians. The writer is agent for the Boericke & Tafel Pharmacy at this place, and therefore knows whereof she speaks.

I figure it this way:

1,000 homeos. (recent graduates or new practicians) must have 100 remedies, 1 oz. each, @ .25 per oz	$25.00
1,000 more homeos will duplicate above and have 100 more remedies, in trit. or tab. forms at @ .50 for 4 oz	50.00
The 10,000 homeos. will average 3 gals. alcohol per annum, at $1 per gal.	3 00
Each per year will use (small estimate): 5 gross 2-dram vials, cleaned and corkt, @ $2.70 per gross	13.50
10 lbs. disks, pellets or cones, @ $1.75 per 5-lb. pkg	3.50
Essentials for minor surgical work (not instruments)	5.00
Total for essentials per man per annum	$100.00
The practician who uses medicins in potencies higher than the mother tincture will carry in stock not less than 200 1-dram vials, which will cost, in addition to the $100.00,	$75.00
Total	$175 00

This is the estimate for a modest office outfit. I personally know practicians whose incomes range from $2,500 to $5,000 per year, who carry from 1,000 to 4,000 vials of remedies at a cost of 40 cents per dram.

Austin, Tex. JULIA H. BASS, M.D.

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Dr. C. F. Taylor:—Your estimates seem to me to be thoro, and also as nearly accurate as the generalizing method which must be adopted in the case will allow. H. A. CAMERON, M.D.
Journal of Homeopathics, Philadelphia.

[I am obliged for these expressions of views, and hope more will come, particularly from those who have had large facilities for information along this line.—C. F. T.]

A few drops of tincture of iodin placed on a piece of sponge in a bottle and kept tightly corkt, makes an excellent and inexpensiv inhaler for use in chronic catarrh, bronchitis, and winter coughs. Merely remove the cork and cautiously inhale the fumes as they arise from the moist sponge.

Quiz Department.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—Child, male, age two and a half years; has been having a peculiar nervous manifestation for a few months, as follows: Child seems to be aware of the oncoming attack, which is ushered in by a slight staggering and leaning to one side. He always says to other children or parents who are near, "Catch me or I will fall." On taking hold of him he immediately sinks down. This condition seems to last only a very brief period, when child jumps up and will begin playing as usual. These attacks, when first observed, came at intervals of two or three weeks, now once or twice a week, but no more severe. There seems to be no pronounced loss of consciousness nor convulsiv seizure. Child is to all appearance in perfect health, large and robust. Ordinary preputial opening; foreskin does not push back over glans; still, a probe can be readily past around glans, showing no adhesions. I have diagnosed this case as epilepsy, based on family history, as one of the father's sisters had, as he stated, falling fits. My treatment for the brief period I have treated case is as follows: Bromid of potash and bromid of soda, aa. gr. iv, to be administered three times daily after meals. And Fowler's solution of arsenic, mij, before meals. Would it be wise to add ergot or belladonna to the first prescription? Any suggestions on diagnosis or treatment of this case will be cheerfully received.

Friedheim, Mo. A. E. DALTON, M.D.

[While we fear your diagnosis may be correct, yet we are exceedingly reluctant to agree with you in condemning this little child to what such a diagnosis means. Study up carefully on epilepsy in children, and examin this child carefully to see if you cannot find some cause for a reflex that will account for these spells, the removal of which will cure the spells. Possibly intestinal worms may be present. —ED.]

Editor MEDICAL WORLD:—Mrs. L. H., 53 years of age, mother of one child 35 years ago. Has been an invalid the entire time (35 years) since. Is unable to walk most of the time. Has suffered many things of many physicians, with no markt improvement. I was called to see her January, 1902; found her with complete anteversion (which she said was diagnosed many years ago), and severe metrorrhagia, which had been occurring every 15 days for two years. These hemorrhages continue an hour, sometimes nearly two hours, and completely exhaust her. She has had only four hemorrhages since I have been treating her case. What shall I do for her? Shall I attempt to replace the womb? What shall I do for the metrorrhagia? Her family history is good, except an aunt who was said to be tuberculous. Let me hear thru April WORLD.

Grassy Creek, Ky. W. L. GIVIDON, M.D.

[You do not say what *you have done* for her; nor do you give us any idea of your grasp of the case. After you have read up thoroly on the case, and done all in your power in the light of your college teaching and the light you can get from the books, let us know all that you have done, and results, and then we and "the family" will gladly render you any additional service in our power. You see, THE WORLD is a *post graduate course*. Before one comes to THE WORLD for help he is supposed to have exhausted all the ordinary sources of information, and he is supposed to have tried the standard method or methods of treatment.—ED.]

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Editor MEDICAL WORLD:—How can soda, or carbonated water, be prepared cheaply on a small scale in the country?

JAMES O. MATTHEWS, M.D.
Taylor's Bridge, N. C.

[You can make a carbonated water after the formula for effervescent citrate of magnesia, as given in the U. S. P. and National formulary, but it would not be pure. Carbonated water may be made cheaply when near railroad facilities by purchasing from bottling houses, cylinders of gas; this is run thru a gauge and into a tank which is placed on a rocker and filled with water and agitated while gas enters, at a pressure of 120 pounds to the square inch. After you have the apparatus, 100 gallons may be made for a total cost of about $3.00, and three cents a gallon is not exorbitant, but your apparatus will cost you about $40.00 to $80.00. The system is precisely what all druggists use in making soda water. You cannot make it properly any other way, since the gas must enter the water under agitation and high pressure, or the "soda water" would have no life or sparkle, nor would it "spout" from the container.—ED.]

Editor MEDICAL WORLD:—On page 120 of the March WORLD you refer to "artificial impregnation." I will thank you to describe it.

I will thank you to tell me, if you know, how a spirometer is made, who sells spirometers, and at what price? H. F. WHITE, M.D.
Crawfordville, Ga.

[Artificial impregnation is accomplisht by the attendance of a physician in an adjoining room during coitus. Immediately on completion of the act the husband announces the fact. Warmed and lubricated speculum and impregnator are ready, and the woman is placed in the knee-chest position and the speculum inserted and semen sucked up by the impregnator, which is then inserted inside the os and the semen discharged. It is often well to advise a douche immediately preceding coitis to remove acrid vaginal secretions which might destroy the spermatozoa before the opportunity came for insertion into uterus. The woman should remain in the knee-chest position as long as possible; in fact, if coitus be accomplisht in this position, few cases would require an artificial impregnator. It is understood that repeated attempts may be necessary, and that all may fail. The procedure is mentioned in The American Text Book of Gynecology.

You could not make a spirometer. They are constructed by employing a large glass jar and a system of tubes, weights, pulleys, and gum tubing. Any instrument dealer will gladly sell you one.—ED.]

Editor MEDICAL WORLD:—I wish to suggest to you the idea of taking up for discussion the subject of post-chloroform nausea and vomiting. It seems to be a condition in which the profession is helpless, and one in which a world of suffering could be avoided if a remedy could be found. I would suggest that the American Medical Association offer a reward.

Denver, Col. N. K. MORRIS.

[Some claim to have some success from administration of inhalations of fumes from boiling vinegar following a return of consciousness. If this be true, we suggest using the vinegar, diluted, by means of an atomizer. Complete purgation the night previous to operation, and abstinence from food, is generally successful when such rules can be enforced. It is hardly likely that nausea after anesthesia when the stomach contains food will ever be prevented. Hirschmann, New York Medical Journal for Dec. 15, 1900, claims the following results from the administration of chloretone half an hour before operation. Women were given 10 grains and men 15 grains. It was used in 30 out of 60 cases, and but 3 had nausea and one vomited. Of the other 30, 24 had nausea or vomiting.—ED.]

Chronic non serous or suppurativ synovitis of right maxillary articulation of one year's standing, following severe attack of mumps in young lady of 21 years otherwise perfectly well. Can open jaw only half way; distinct crepitus over maxillary articulation; cannot bite meat or chew hard substances on account of pain it produces in joint. Past treatment: Twice etherized and opened jaws to full extent; locally, massage, oleate of mercury, ichthyol, blisters, comp. tr. iodin; internally, kali iodid, arsenic iodid triple arsenites, pilocarpin, hypophosphites. Have any of my professional brothers had a similar case? I find no reference in text books to it. MEDICO.

[Doctor, no one can add to your treatment anything of value. We know of no similar case, and it is worth reporting, We can only suggest that local massage, regular and repeated forcible extension (gently), and inunctions of ichthyol and U. S. P. iodid of potash ointments may do well in time. Time is a great element in many such cases. Contra: Surgeons might clear the mist by a few snips of constricted mus-

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cles, and that would look bad for the doctor. Be surgeon as well as physician; but if you have doubt, call a reputable surgeon in consultation before you operate, and then do it yourself.in his presence.—ED.]

Editor WORLD:—Kindly advise as to following: Neuralgia, right inf. max., continues thru inferior dental to canine tooth, but no further; brought on by motion of jaws, catching cold, jolting, etc.; sometimes comes on in hot July; usually worse in a.m., but may prevent sleep all night; must get very close to fire, not relieved by anything she can do; rests better on opposit side. Urin 1,018, not enuf excretions of solids, during attack amount is diminisht, colordarker, and contains albumin. Has been treated by good physician and relieved in about six weeks by supposedly quinin and salicylic acid, as she complains of roaring and tinnitus. Used gelseminin, aconitin, zinc phosphid and strychnin with no affect whatever. Bowels regular, appetite much diminisht during attack, eats no meat. HUGH SCHUSSLER, M.D.

West Alton, Mo.

[Insist on three quarts of water being taken every day. Use Basham's mixture in full dosage. Bring daily excretion of urin up to 50 ounces and keep it as near neutral as possible. Try the castor oil treatment for the neuralgia proper. Give an ounce the first day, and increase the quantity gradually. It purges severly at first, but the patient soon becomes accustomed to it and the purging and griping do not return till the maximum dose is reacht, when this is continued till a cure results. This has been very effectiv during the last two years in all kinds of neuralgias.—Ed.]

Editor MEDICAL WORLD:—Please give me treatment for the following case; Miss A. came under my care three months ago for her feet. The forward part of them is a bright red color, which disappears under pressure; no sweating; skin smooth; no eruption, swelling or atrophy. They have the appearance of frost bite; cold as ice to the touch. Greatest discomfort is while in bed, when there is intense burning; so much that patient has to arise and cool them by rubbing and soaking in warm water and salt. She is able to walk several blocks to my office without suffering. Her general health is good; appetite good; urin normal. I have given her tonics, alterativs and local applications of ichthyol, chloretone, lead lotions, etc.

San Francisco, Cal. H. R. BELL, M.D.

[Your description strongly indicates the existence of old chilblains. Paint the feet with aqueous solution of silver nitrate, 10 to 20 grains to the ounce two or three times daily, and after allowing to dry, dust feet and inside of stockings with some of our advertisers impalpable antiseptic powders, or with boracic acid. Bathe the feet before retiring in a solution of sodium salicylate. Administer such nervines as sodium bromid and valerian in full dosage. Purge bowels well with salines like sedlitz powders, effervescent citrate of magnesia or Rochelle salt. Outside strychnin and phosphorus, abandon tonics, and stick to nervines. Keep heart action good, and insist on warm and loosely fitting shoes. She should get well under assiduous attention.—ED.]

Editor MEDICAL WORLD:—I have a very peculiar case: Mrs. S., married nine years, health good, aborted seven times; all died in utero; may abort at any month after the 3d. No hemorrhage. What would you do for her? They are very anxious for a living child; both very fond of children. J. B. BREWER, M.D.

Jefferson, Wis.

[We would advise such caution in coition as would prevent conception for a time sufficient to give the woman rest. We would keep her on mild but continuous doses of protoiodid of mercury. When she again conceives, increase the mercury to toleration, and add full dosage of the phosphate of strychnin.—ED.]

Editor MEDICAL WORLD.—Please state your method of treating articular rheumatism, drugs used, etc. Do you advise the use of electricity?

Cottondale, Ala. J. H. WARD, M.D.

[Electricity always amuses the patient, and frequently does good, and may always be tried, tho frequently disappointing. Paint the joints with iodin and wrap in cotton wool. Occasional numerous small blisters give pronounced relief. Any stimulating liniment may do good. Always give enuf potassium bicarbonate to keep the urin alkalin. Salicylate of sodium and oil of gaultheria in generous dosage are the most dependable remedies for internal and local use. Ichthyol and belladonna are often of benefit. In chronic cases iodid of potassium and tonics like quinin, iron, and strychnin are the sheet anchors. The dry hot air treatment always relieves and frequently cures.—ED.]

Editor MEDICAL WORLD.—Please publish a working formula for fl. ext. saw palmetto. It is an excellent remedy, but I believe we should look out for the interest of patients, as it should be given in quantities and for some time. With saw palmetto berries at 15 cents per pound, and alcohol, glycerin and water cheap, it ought not

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to cost $1.50 per pound. I bought 20 pounds of the berries and a press, used alcohol same as for fl. ext. juniper berries, but it separates into an oil emulsion and a fl. ext., but on shaking it is very efficient therapeutically. I would like to know if the manufacturers sacrifice the oily part.

New Castle, Pa. A. M. COOK, M.D.

[Having searcht all authorities at our command, we are unable to give you the formula askt. You may purchase a proprietary preparation which will emulsify any oil; why not add it, and get a pleasant emulsion? If the manufacturers extract any vital principle to get a pretty preparation we ought to know it. Perhaps you can experiment with the fluid you have exprest until you may get a pleasant emulsion after the directions of the U. S. P., and National Formulary.—ED.]

Will you kindly give in the columns of THE MEDICAL WORLD the formula for Dr. Daniel's Ostes Coccus Liniment? C. G. S.

Rhode Island.

[This is a verterinary preparation, and we know little about horse medicin. We have examined it and believe any physician can make as good an embrocation by combining turpentine, capsicum, ammonia, alcohol, etc. Oils might be added to avoid destroying the hair.—Ed.]

Editor MEDICAL WORLD:—Please tell me if oil erigeron depresses the heart? I think text books say not, but I saw recently a condition of profound depression after a full dose of it, which I could attribute to nothing else, and which seemed to wear off after a few hours, during which time but feeble reaction could be obtained by strong stimulants. A. M. LOOPE.

Poplar Ridge, N. Y.

[We are unable to find any comments in the text books on such action, but as it is a volatil oil, one might imagin such results following a very large dose. —Ed.]

Editor MEDICAL WORLD:—I have been treating this case for three months; have not been able to do any good so far. He has been on treatment by different physicians over the county for five years. Male, about 40 years old; personal history good, family history good. Five years ago patient was working during the month of June on a farm, and got very warm; went under a shade tree to cool; while sitting there, felt a "catch," as he exprest it, running from his back to hips. He began passing blood on urinating. The blood always passes out ahead of the urin; very dark and thick. The last doctor's diagnosis was stone in kidneys. I don't know what his treatment was, but it did him no good. Passes about one quart of urin daily; specific gravity, 1030; slightly acid in reaction; straw colored. On settling in vessel at least $\frac{1}{10}$ of it is a thick mucus, with a brick dust deposit at the bottom of the vessel. The nitric acid test reveals a nice brown ring at the junction of acid and urin; my diagnosis was a complication of an infarct, with chronic interstitial nephritis. Treatment: Equal parts of saw palmetto and santal compound, with fluid extract of corn silk; teaspoonful every four hours; also a tonic of triple chlorids with calisaya; teaspoonful doses three times a day. I hope to hear from you and readers thru THE MEDICAL WORLD, as patient is very anxious for some relief. Will say in conclusion that patient is apparently as healthy as he ever was; has not lost any weight, and has a good appetite. The pain in kidneys has never ceast since it began, but it is such a pain that it does not prevent him from resting at night; it is a continued dull hurt.

Leggett, Texas. J. H. THOMAS, M.D.

[While you may have a case of renal calculus, we are inclined to hope that it is hardly so serious. We are sure you have a case of chronic cystitis, possibly due to calculus, but probably resulting from cold caught when overheated. Your treatment is correct, but we suggest the use of Basham's mixture in full dosage. If the blood came from the kidney or ureter, it would probably be mixt, at times, with the urin, instead of preceding it. Unless you eliminated all mucus before you made the nitric acid test, your results prove nothing. Vesical hemorrhage is common in old cases of cystitis. Have him drink all the water he can; use demulcents, such as slippery elm or flaxseed. Keep his bowels regular. Neutralize the urin by free use of alkalies. Wash out the bladder with weak boric acid solution, if clots form. Keep a record of regular urinary analyses, study cystitis more closely, and if patient is not much improved in a few weeks, write us again. The nitric acid test is always fallible in presence of mucus, and the pain from any variety of calculus is paroxysmal and severe.—ED.]

Editor MEDICAL WORLD:—I can't run my business without THE WORLD. I read it all, and like it more than I can express. Will the editor and readers tell me what is the matter with my baby girl? She is fourteen months old; cut teeth at four months; has light hair, blue eyes, fair skin, slim figure; is extremely smart, talks, walks and runs well. Teeth broke off at one year, and they are very soft; resemble syphilitic teeth. Has been sick a great deal with cold and fever. I have learned that her grandfather had an old chronic sore leg, and his people were

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somewhat afflicted with old chronic sores. My God! brethren, has my only girl child inherited syphilis? And what shall I do for it?

Laneburgh, Ark. C. FRANK NELMS.

[Give alteratives, including iodid of potass., and tonics, alternately, and the phosphates of lime and soda continuously; continue treatment for a long time.—ED.]

Editor MEDICAL WORLD:—The case which I am about to relate is not one entirely new or unusual, but, on the contrary, is one of quite frequent occurrence; and it is that sort of cases that sometimes give us greatest concern.

The patient, a lady thirty-eight years old, a farmer's wife, comes to me with the following history: Married ten years, during which time she has had two miscarriages, the last one about two years ago; since that time has been nervous, having an almost constant feeling of fatigue. Bowels are regular, appetite good, sleeps well, pulse and temperature normal or but little elevated, some little hacking cough, and complains of a "hurt" in the region of larynx. On examining the throat with aid of head mirror and laryngoscope, I find the mucous membrane in a state of sub-acute inflammation, with here and there a gray patch. No history of tubercular trouble in family. Troubled with leucorrhea in early womanhood, which has been worse since the last miscarriage. Aside from these, I can find no other symptoms.

I diagnosed the case as one of broncho-laryngeal catarrh, together with debility from her "mishaps," and placed her on the following treatment:

℞ No. I.
Elix. cinchon, iron and strychnin.....℥viij
Sig.—Teaspoonful before meals.

℞ No. II.
Viburnum comp .....℥viij
S.—Teaspoonful at 9, 3 and bedtime.

℞ No. III.
Ammon. iodid .....℥j
Fl. ext. ipecac
Fl. ext. scillæ .....āā ℥j
Syr. tolut. .....℥ij
Syr. simplicis, q. s. ad. .....℥iv
M. S.—Teaspoonful three or four times a day.

℞ No. IV.
Brown mixture tablets with ammon. chlor., dissolved in the mouth four to six times a day.

I also directed the use of hot water douche three times a day during menstrual period. I am pleased to say that the patient is much better so far as throat symptoms are concerned, but the other treatment has not been pursued long enuf as yet to make any decided change. Now, I am very anxious about this case, and any suggestion from Editor or readers will be appreciated. H. S.

[You seem to have made no vaginal examination. We advise that you examin with both finger and speculum, and treat ition found.—ED]

Editor MEDICAL WORLD:—I take the liberty to ask you for a recipe for hot flushes, such a condition as we generally find in women at the menopause. It may be clast among the neuroses, but it is a difficult thing to cure. My wife ceast to menstruate ten years ago, and while her general health is good, excepting the above flushes or flashes, I have never seen any woman suffer as she has from them. She has experienced some relief from taking nitromuriatic acid while she continues to take the remedy, and this is the only thing among the many things we have tried that produces any effect. Would you be willing to ask the readers of THE WORLD, in your next issue, whether any brother can aid me in this matter, by suggesting a reliable remedy for the above?

San Francisco, Cal. H. J. BOUGHTON, M.D.

[We leave this for discussion by the "brethren," and take occasion to say, as we have many times said, that whether we reply to a query or not, all who feel that they have something to say are invited to join in the discussion. Many seem to think that when we reply, the matter is closed. Not so. Even tho you should disagree with us, you have a right to your "say," if it is based on reason, authority or experience.—ED.]

Editor MEDICAL WORLD:—Will some of the WORLD readers help me in the following case? Young man, unmarried, age twenty-two. History: Had pain and swelling of testicle two years ago; reports that he has had some pain at times since, but no enlargement to speak of. Some pain at times on urination; sometimes normal. I first prescribed for him about two months ago. Diagnosis was, disease of the cord and prostatic gland. No history of gonorrhea. Has masturbated. Still some pain in prostate and cords. Been wearing scrotal suspensory, painting with iodin, and other remedies used in such cases, with but little benefit. Cords sensitiv and at times enlarged. Prostate slightly enlarged. He is neurotic. What must I do for him next?

Elkton, Ky. T. E. BRUCE, M.D.

Editor MEDICAL WORLD:—Will the brethren of the WORLD family give me their opinion of the efficacy of the hot-air treatment for the relief of rheumatic arthritis and other joint troubles? Also a successful line of treatment for a case of stomatitis materna of some six months' standing? Patient was attackt during the last two months of gestation, and the child is now four months old. Bowels and stomach are deranged, discharges from the bowels amounting to a diarrhea.

W. A. K. WHITE, M.D.

Fall Branch, Tenn.

Editor MEDICAL WORLD:—Would like to ask WORLD readers if they have had any grip simulating scarlet fever, with a pronounced scarlet

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rash; pain and stiffness in neck; mucous membrane of mouth and fauces involved; enlarged tonsils, earache, toothache; obstinate constipation or alarming diarrhea and vomiting, with a heart action bordering on collapse and holding so for days, regardless of measures used to sustain it; also a profound disgust for food, continuing for a week or more after normal temperature is reacht? I have had a case or two of above character, which I am sure if I had been called in council to see when in the activ stage of eruption I would have pronounced scarlet fever. Yet I am sure, after a thoro study of them, and giving them close attention, that they were grip.

Would like to hear from the profession. I hear of some cases about twelve miles from me that have been pronounced scarlet fever by men I have the utmost confidence in. I was on the watch for it in my "bailiwick," but am sure about the above, and would like to hear from the fraternity if they have had anything similar.

Bellevue, Tex. JNO. W. HYATT.

Editor MEDICAL WORLD:—Lighthouse keeper, thirty-five years old, does not use tobacco nor drink liquors of any kind. He came to this part of the country from the state of Ohio, where, when ten years of age, he had malarial fever of the intermittent type, severe in character, and which was persistently treated till evidently cured, remaining so till one year ago, when he had some malarial symptoms, which subsided with medical attention, but only for five months, when again he was taken one afternoon with the following symptoms: Sense of warmth and internal burning, especially of the abdomen; soon followed by sweat, continuing an hour or so, during which stage a tremor develops and grows quite pronounced; the teeth chatter, the heart is not very rapid, but tumultuous in action, the impulse being much in evidence to patients; the extremities are quite cold, sensation of numbness and tingling in different parts of the body, making it impossible for him to lie in one position very long in bed. The abdomen feels distended, and there is much rumbling of flatus; when the bowels move or eructations take place, all these symptoms subside. The patient feels the tremors and is weak sometime after. The attack comes on at one o'clock in the morning and continues two hours. The tremors and chattering of teeth are on pretty much all the time. The hands and feet likewise are cold all the time. The patient looks anemic, and has a yellowish brown complexion; the tongue is coated white; the back hurts some when lying down; exertion always aggravates all symptoms.

As I have had the patient under my care for two months without making much impression on him, I would be pleased to have some one of experience with this class of cases suggest treatment directly. W. F. AUSTRIA.

Bayfield, Wis.

Editor MEDICAL WORLD.—What is the best treatment for indolent ulcers of old age, such as are sometimes found on the plantar surface of the feet? I have encountered several during the past six months, and find them tedious and slow to heal. Have used ung. ichthyol, carbolic salve, cauterized to freshen edges, and used sprays of H_2O_2, but with little satisfaction both to myself and patrons. H. SPANGLER.

McCutchenville, O.

Current Medical Thought.

The Treatment of Pneumonia.

The number of drugs tested and recommended in the treatment of croupous pneumonia is legion. But when we bear in mind that pneumonia is a self-limited disease, with a course and termination largely dependent on individual peculiarities, the difficulty of correctly estimating the value of results of drug treatment will become evident. The methods of management advocated in this disease are widely divergent, from the expectant plan to the incredible doses of digitalis used by Petrescu with alleged success.

Our greatest authorities are in favor of *laisser-aller* treatment in pneumonia, as more harm than good is frequently done by indiscriminate drugging.

Dr. James C. Wilson employs the following method in his hospital service: The diet consists of milk and broths, varied by junket, custard, or light gruels. Ice cream and fruits are acceptable, especially in private practise, and are allowed in small amounts. One or two pints of milk and a pint of chicken or mutton broth in twenty-four hours are sufficient. Water is allowed freely, but not over 2 ounces at one time. Night and morning a sponge bath is given the patient, of a temperature according to indications. Early in the attack two or three large, flat ice-bags are applied to the affected side. They relieve pain, conduce to comfort, and lower the temperature to some extent.

From 4 to 6 ounces of whisky are usually given in twenty-four hours.

A calomel purge is administered at the outset, either in a single dose, or, if nausea and vomiting are present, in fractional doses. The calomel may be repeated once or twice during the course. Morphin hypodermically is given for great pain. Dover's powder is a routine remedy, in 2 to 3-grn. doses, every two to three hours throughout the greater part of the attack. The aim is to produce slight drowsiness, thus controling the pain, excitement and cough. Expectorants are seldom employed.

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Fresh aromatic spirit of ammonia and ammonium carbonate are occasionally resorted to. Aconite and veratrum are never given; digitalis only to meet special indications, as small, frequent irregular pulse. Strophanthus answers still better in many cases. Strychnin and the nitrites, especially nitro-glycerin, are given as cardiac stimulants and to relieve the right ventricle. If they fail, and heart-weakness progresses, venesection is resorted to. In pulmonary edema, atropin is given hypodermically and often seems to avert a fatal issue. Dyspnea is an indication for oxygen, which should be allowed, fully diluted with air. Nervous symptoms and delirium call for increase of alcohol, ice to the head, and cold sponging or the cold pack. In young and healthy persons delirium tending to coma is treated by cold effusions to head and neck. Poultices and cotton jackets are never used, the patients wearing a moderately heavy, loose-fitting merino undershirt. In delayed resolution, small flying-blisters are employed. During the crisis, stimulants like ammonium carbonate, alcohol and hot coffee are sometimes indicated. Under this treatment collapse is very rare.

During convalescence, tonics and a nutritious diet are given, meat being allowed as soon as the patient wants it. Rest in bed is not interrupted too soon, even if the patient desires to get up.—Merck's Archives.

New York State Medical Examination Questions, used in January, 1902.

Anatomy.

Tuesday—9.15 a. m. to 12.15 p. m. only.

Answer any 10 of the questions on this paper, but no more. Check the number (V) of each one of the questions you have answered.

1. Describe the physical properties of bone.
2. What bones enter into the formation of the ankle-joint?
3. Mention the muscles of the abdomen and give the origin and insertion of each of *two* of them.
4. Give the formation, the course and the functions of the portal vein.
5. Describe the radial artery and give its relations.
6. Give the relativ position, from without inward, of the structures contained in Scarpa's triangle.
7. What is the solar plexus of nerves?
8. Describe the ductus communis choledochus.
9. Explain the descent of the testes.
10. Describe the humors of the eye.
11. Describe the sigmoid flexure and give its topography.
12. Give a general anatomic description of the lymphatic system.
13. Describe the suprarenal capsules.
14. Define connectiv tissue. Classify the varieties of connectiv tissue.
15. Mention the skin appendages and describe *one* of them.

Physiology and Hygiene.

Tuesday—1.15 to 4.15 p. m., only.

1. How is bone nourished? How is cartilage nourished?
2. What is the reaction of (*a*) saliva, (*b*) pancreatic juice, (*c*) blood?
3. Mention and describe in detail an important function of the liver other than the secretion of bile.
4. What would be the effect of paralysis of the seventh cranial nerve (portio dura) on the right side?
5. What is the normal rate of respiration per minute in (*a*) a child, (*b*) an adult? What influences regulate the rate of respiration?
6. State the functions of the red blood-corpuscles, and mention their number as compared with the number of the white blood-corpuscles.
7. Give the number and arrangement of the permanent set of teeth. State the particular use of each kind of teeth.
8. Define and describe reflex action. Give *four* examples of reflex action.
9. Where are the valvulae conniventes? State how they are formed and give their function.
10. Describe the metabolism of muscle during activity.
11. Indicate hygienic treatment to reduce excess of fat in an unmarried woman whose organs are normal.
12. Outline a method for the final disposal of the sewage of cities.
13. Mention some of the diseases induced by industrial pursuits, and give the special cause in each disease mentioned.
14. What diseases arise from the ingestion of unclean and contaminated milk? What safeguards should be adopted to nullify the possibilty of disease from such a source?
15. State the effect of vegetation on climate.

Chemistry.

Wednesday—9.15 a. m. to 12.15 p. m., only.

1. Define and illustrate antiseptic, disinfectant, deodorant, cohesion, adhesion.
2. Give the symbol, occurrence in nature, physical properties and uses of calcium.
3. How is phosphoric acid prepared? What are the properties of phosphoric acid?
4. Give the chemistry of the air.
5. What is iron chemically? What preparation of iron is used in obtaining pharmaceutic preparations?
6. Give the source of (*a*) tartaric acid, (*b*) the tartrates.
7. Give the formula of (*a*) sulfuric acid, (*b*) nitric acid, (*c*) hydrochloric acid, (*d*) boracic acid, (*e*) alcohol.
8. Give the occurrence in nature, preparation and properties of hydrogen sulfid.
9. Write the graphic formula of sulfuric acid, representing S as a dyad.
10. What is a salt? How is a salt formed? State the difference between the affixes *id* and *ate*, and give an illustration of each.
11. State the properties of carbon.
12. State the principal properties and the uses of iodoform. How is iodoform made?
13. Define alcohol, ether, phenol.
14. State the normal amount of total solids, urea and uric acid in human urin.
15. Complete the following equations:

$$Mn\,O_2 + 4HCl =$$
$$Fe_3Br_8 + 4K_2CO_3 =$$

Surgery.

Wednesday—1.15 to 4.15 p. m., only.

1. Define surgical tuberculosis.
2. Mention the abnormal conditions to which the term tumor is applied.
3. Give the symptoms and treatment of penetrating wounds of the chest.
4. Describe a ready method of applying a fixation dressing to a fracture of the leg, complicated with extensiv contusion of the soft parts, during the first week. Mention the dangers to be anticipated in such a case.
5. Define osteomalacia and give its prognosis and treatment.
6. In what part of the body are varices most frequently found? How should varix be treated?
7. Give the etiology, symptoms and diagnosis of flat-foot.
8. Give the mechanism and treatment of air embolism.
9. How should a case of foreign body in the bladder be treated?
10. What are the *four* most common causes of acute intestinal obstruction?
11. Give the etiology of fistula in ano. Describe (*a*) complete fistula, (*b*) blind external fistula, (*c*) blind internal fistula.
12. Give the symptoms and diagnosis of fibroid tumor of the uterus.
13. Describe acute catarrhal ophthalmia and give its treatment.
14. Describe peritonsillar abscess and give its treatment.
15. Give the etiology, symptoms and treatment of rhus dermatitis.

Obstetrics.

Thursday—9.15 a. m. to 12.15 p. m., only.

1. Describe the uterus and give its relations to the other pelvic organs.
2. Describe the processes essential to conception and relate the physiologic changes that follow it.
3. How may pregnancy be recognized in the early months, and on what symptoms may the diagnosis be justified?
4. What is vaginismus? Give the causes and treatment of vaginismus.

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5. Define dysmenorrhea and give its varieties, causes and treatment.
6. Mention the varieties of face presentation. State the prognosis and treatment of each variety.
7. What antiseptic precautions should be employed in the conduct of labor and how should they be applied?
8. Under what conditions does delivery by abdominal section become justifiable, and what is the technic of the operation?
9. Mention the varieties of hemorrhage that may affect the pregnant woman, the parturient woman and the puerperal woman. Explain the cause and describe the treatment of each variety.
10. How should a neglected shoulder presentation be managed?
11. What measure should be taken to prevent ophthalmia neonatorum? Give the treatment of ophthalmia neonatorum.
12. Under what circumstances may the curet become necessary and what precautions should be taken in its use? State the dangers attending the use of the curet.
13. Give the prevention and treatment of rupture of the perineum.
14. Give the methods of treatment for the resuscitation of an asphyxiated new-born infant.
15. Describe in detail the Credé method of delivering the placenta.

PATHOLOGY AND DIAGNOSIS.

Thursday—1.15 to 4.15 p. m., only.

1. Give the process of formation of cicatricial tissue.
2. What features of a tumor render it malignant? Enumerate the so-called types of malignant tumors.
3. Give the pathologic changes arising in iritis.
4. What are the lesions of tabes dorsalis.
5. Describe an embolus. In what artery does embolism most frequently occur?
6. What are urinary casts and under what conditions are they found?
7. What structural changes occur in cirrhosis of the liver?
8. What conditions of the arteries predispose them to rupture?
9. What cerebral symptoms may be traceable to eye strain?
10. Give the diagnostic symptoms of cholelithiasis.
11. What symptoms indicate myelitis?
12. Differentiate rheumatic arthritis and joint tuberculosis.
13. In scarlatina when and where does the eruption usually first appear? Give the duration of the incubation.
14. Mention (*a*) secondary syphilitic lesions, (*b*) tertiary syphilitic lesions.
15. Describe surgical shock.

THERAPEUTICS, PRACTISE AND MATERIA MEDICA.

Friday—9.15 a. m. to 12.15 p. m. only.

" . . . in therapeutics, practise and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its State Board of Medical Examiners."

Laws of 1893, ch. 661, § 146.

Questions prepared by the Board of Examiners representing the Medical Society of the State of New York.

1. Describe the physiologic action of amyl nitrite.
2. Give the symptoms and physical signs of empyema.
3. Define antipyretic, antiphlogistic.
4. Write a prescription illustrating physiologic incompatibility.
5. Describe the symptoms and treatment of acute endocarditis.
6. State the average dose for an adult of, (*a*) atropin sulfate, (*b*) strychnin sulfate, (*c*) corrosiv sublimate, (*d*) infusion of digitalis
7. Give the symptoms of slow arsenic poisoning.
8. Describe the treatment of apoplexy due to cerebral hemorrhage.
9. Define and describe an alkaloid.
10. Define acute coryza and describe its etiology and symptoms.
11. Mention the ingredients and dose of, (*a*) seidlitz powder, (*b*) Dover's powder.
12. Mention the principal pathologic conditions for which tartar emetic is used.
13. State the therapeutic uses of the preparations of lithium.
14. Define locomotor ataxia and describe its treatment.
15. Mention the official preparations of manganese.

Questions prepared by the Board of Examiners representing the Homeopathic Medical Society of the State of New York.

1. When is ignatia indicated in intermittent fever?
2. In what form of rheumatism is ranunculus bulbosus curativ?
3. Give the therapeutic sphere of bellis perennis.
4. Give the symptoms and treatment of general peritonitis.
5. Differentiate agaricus, causticum and tarantula Hisp. in the treatment of Sydenham's chorea.
6. Give the characteristic skin symptoms of agaricus.
7. How should a case of renal colic be treated?
8. Describe the headache of argentum nitricum.
9. Describe the treatment of acute gout.
10. Give, (*a*) the symptoms of acute gastritis, (*b*) the indications for *three* remedies useful in the treatment of acute gastritis.
11. Give the symptoms and treatment of multiple neuritis.
12. When is aesculus hippocastanum curativ in diarrhea?
13. Differentiate the diarrheas of natrium sulfuricum, aloes and sulfur.
14. Describe the cough of (*a*) belladonna, (*b*) hyoscyamus, (*c*) rumex.
15. Mention *three* drugs that produce a black diarrhea, and give the characteristics of each.

Questions prepared by the Board of Examiners representing the Eclectic Medical Society of the State of New York.

1. Give the symptoms and treatment of cholera infantum.
2. Give the symptoms and treatment of scarlatina. Mention the varieties of scarlatina.
3. Mention *three* remedies applicable in heart disease, and state the symptoms calling for each.
4. Give the symptoms and treatment of tetanus.
5. Compare the value of medicins administered singly with their value when prescribed in combination.
6. Describe salicylic acid and give its therapeutic uses.
7. Define diabetes mellitus and give its treatment.
8. Give the action and uses of macrotys.
9. Describe the action and uses of nux vomica.
10. Give the treatment of acute cystitis.
11. Give the indications for the use of rhus aromatica.
12. Give the indications for the use of rhus toxicodendron.
13. Describe the symptoms and treatment of ivy poisoning.
14. What is saw-palmetto? Give the therapeutic uses of saw-palme to.
15. What is viburnum prunifolium? Give the indications for the use of viburnum prunifolium.

Illinois Examination Questions Used at the Examination, January 16, 1902.

PRACTISE OF MEDICIN.

1. Give the early diagnosis of pulmonary tuberculosis. Give history, symptoms and physical signs.
2. On what is the prognosis based in organic diseases of the heart?
3. Symptoms, signs and cause of iritis.
4. How would you determin whether a hemiplegia is caused by embolism, thrombosis or apoplexy?
5. How would you distinguish lobar pneumonia from pleurisy with effusion?
6. What are the symptoms and signs of cyst of the pancreas?
7. What are the somatic signs of brain syphilis?
8. What is cystitis? Give causes and treatment.
9. How would you treat whooping-cough?
10. Differentiate myxedema from exophthalmic goiter and give treatment of each.

HOMEOPATHIC.

1. Differentiate between typhoid fever and appendicitis.
2. Name three remedies useful in gastritis. Give indications for each.
3. Give symptoms and treatment of erysipelas.
4. Give the symptoms and physical signs of capillary bronchitis.
5. Give the differential diagnosis been variola and varicella.
6. Name three remedies indicated in chronic constipation. Give indications for each.
7. Give symptoms for rheumatic fever.
8. Describe a case of catarrhal jaundice. Give treatment.
9. What produces uremia?
10. Give etiology and pathology of mitral stenosis.

ECLECTIC.

1. What is the general treatment of fevers?
2. What are the continued fevers?
3. What are the symptoms of the different stages of typhoid fever?
4. What are the sequelæ and complications of cerebro-spina. fever.
5. What are the symptoms of the different stages of scarlet fever
6. What is the diagnosis and what the treatment of measles?
7. What are the varieties and what are the symptoms of small-pox?
8. How would you prevent pitting in a case of small-pox?
9. What is the treatment in erysipelas?
10. Define constipation and give its causes, symptoms and treatment.

MATERIA MEDICA AND THERAPEUTICS.

Give the classification, physical and chemical properties, dose, physiological action and therapeutic uses of the following:

1. Tincture of iodin.
2. Salol.
3. Fluid extract of ergot.
4. Tincture of belladonna.
5. Bromid of potassium.
6. Muriate of pilocarpin.
7. Tincture of veratrum viride.
8. Sulfate of magnesia.
9. Fowler's solution
10. Oxid of zinc.

HOMEOPATHIC.

1. Name the different organs acted on by nux vomica; phosphorus; digitalis; colocynth; and cantharis.

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2. Name the leading symptoms under gelsemium.
3. Describe the action of apocynum in Bright's disease.
4. When is apis indicated in erysipelas?
5. Describe the diarrhea of carbo. veg., creosotum and merc. car.
6. Give the characteristic symptoms of sulfur, cal. carb. phosphorus, and fe. phos.
7. What preparations of mercury do we use in our materia medica?
8. Name the homeopathic antidotes for mercury.
9. Give indications for argent. nit. in goitric troubles.
10. Describe skin lesions of graphites.

ECLECTIC.

1. What are the varieties of official preparations?
2. How would you classify the various medicins?
3. Name the agents affecting the organs of vision when locally applied, illustrating their action and use.
4. What are the principal agents acting on the respiration, and what is their action?
5. Name the principal anthelmintics and the difference in their action.
6. What are the principal antipyretics?
7. Name the principal antiseptics.
8. What are the principal oils and fats used in medicin?
9. Name the chief preparations with their dose of iron.
10. What are the sources, composition, preparation, actions and therapeutics of sanguinaria?

ANATOMY.

1. Give a brief description of the abdominal aorta.
2. What is the peritoneum?
3. What is the nerve and blood supply of the lungs?
4. What is the ureter? Give brief description of same.
5. Describe the tibia.
6. What are the lymphatics?
7. Name some of the most important plexuses of the sympathetic nervous system.
8. Name the lobes and fissures of the liver.
9. Bound the popliteal space.
10. Give a detailed description of the knee-joint.

SURGERY.

1. Describe traumatic fever, its causes and symptoms.
2. What is an abscess, and what are the varieties of abscesses?
3. Describe the process of skin-grafting.
4. Under what circumstances would you amputate in gangrene?
5. What do you understand by septicemia, septic intoxication and septic infection?
6. In cases of threatened death during general anesthesia, what measures should be adopted?
7. Describe the antiseptic measures that should be instituted prior to a surgical operation.
8. How would you treat a case of chilblain or frost-bite?
9. What are the varieties of myxoma?
10. What are the differences between femoral umbilical and ventral hernia?

OBSTETRICS.

1. Describe the different positions.
2. What is the management of labor in multiple pregnancy?
3. Give three conditions indicating use of forceps.
4. Describe delivery in dorso-anterior positions.
5. What is version and when used?
6. In what conditions would you choose to use the cesarean section in preference to craniotomy?
7. Give technic and absolute indications for cesarean section.
8. When do you use the forceps?
9. When and why do you call for consultation in labor cases?
10. Is it safe or advisable to give chloroform and make the delivery yourself? If not, why?

GYNECOLOGY.

1. What is vicarious menstruation and what is its etiology?
2. What are the symptoms and treatment of septic vulvitis?
3. What is the etiology of sterility?
4. What is the treatment of subinvolution?
5. What is the treatment of extra uterin gestation?
6. Describe hysterectomy.
7. What are the symptoms of chronic pyosalpinx?
8. Give the treatment for a prolapsed ovary.
9. Describe the round ligaments.
10. Give the treatment for cystitis.

PHYSIOLOGY.

1. What is meant by physiology, and what are its main subdivisions?
2. Name the varieties of connectiv tissue.
3. What is the function of the nervous system?
4. What is rigor mortis?
5. What is electrotonus?
6. State the different cases of alimentary principles.
7. What is the function of each class in the nutritiv process?
8. Define the digestiv process.
9. What is the mechanism of secretion?
10. What are the factors entering into the production of the first and second sound of the heart?

CHEMISTRY.

1. What is meant by atomic weight?
2. Give the chemical formula and some of the properties of borax.
3. Of saltpeter.
4. Discuss sulfur dioxid.
5. What is a base and of what is it composed?
6. Define an acid, with its properties and composition.
7. What is a binary compound?
8. Define chemical action.
9. Name some things that favor it.
10. What elements compose the halogen group?

PATHOLOGY AND BACTERIOLOGY.

1. What condition is indicated by the term sclerosis?
2. If a patient has paraplegia, with paralysis of the sphincters, of the bladder and the rectum, and loss of knee jerks, where would you locate the pathological lesion and what might be the nature of it?
3. How would you differentiate typhoid fever from malaria by the blood examination?
4. What is the anatomy of optic neuritis?
5. What are the bone changes in rachitis?
6. What are the general requisits for a nutrient media?
7. What is the effect upon bacteria of sterilization, upon bacteria and bone?
8. Differentiate the bacterium typhi from the bacterium coli.
9. Give briefly the characteristics of the bacillus anthracic.
10. Tell briefly what you know of the streptococcus lanceolatus.

HYGIENE.

1. What do you understand by the term hygiene?
2. Mention some of the predisposing causes of disease?
3. What influence has climate and season on mortality?
4. What are the general rules for ventilation?
5. What effect has exercise on the nervous system?
6. What do you understand by the term (*a*) personal hygiene (*b*) industrial hygiene?
7. What is a reliable disinfecting agent?
8. Mention some of the disinfectants in common use.
9. What diseases are due to sudden changes in temperature?
10. Explain the terms: immunity; susceptibility

MEDICAL JURISPRUDENCE.

1. Define criminal abortion.
2. Under what circumstances might a physician be justified in producing abortion?
3. In the event it seemed proper to bring on abortion, what authority should the physician have before attempting the operation?
4. Define mania.
5. What is narcomania?
6. What do you understand by the term paranoia?
7. What are some of the certain signs of death?
8. In the event a train had passed over a body and it was suspected death had previously occurred, what indication would point to this fact?
9. Differentiate between cerebral coma and coma due to opium poisoning.
10. Differentiate between mild variola and varicella.

Questions from the Illinois State Board Examination, with Answers.

1. Name five diseases in which Cheyne-Stokes respiration is commonly found.

Ans. Meningitis, cerebral hemorrhage, pertussis, uremia, opium poisoning, heart disease.

2. Describe the murmur and pulse in aortic regurgitation.

Ans. A diastolic murmur, heard over the aortic area, soft, blowing, often inaudible; usually a double murmur heard in carotid and subclavian arteries. Pulse characteristic, water hammer, Corrigan's pulse, full and forcible, but quickly declines.

3. Differentiate (*a*) follicular tonsillitis and (*b*) diphtheria.

Ans. (*a*) Soft, yellowish deposit, cheesy in spots, over mouth of the follicles, with area of redness.

—2. Exudate comes off easily; denuded surface smooth.

—3. Limited to tonsils.

—4. Cervical glands seldom involved.

—5. Deposits do not reform after removal.

—6. Complications rare; if any, mild.

—7. Bacteria in deposit.

(*b*) 1. Tough, ashy gray continuous membranous deposits covering tonsils.

—2. Membrane adherent, must be torn off, leaving a raw, bleeding surface.

—3. Covers faucial pillars and uvula.

—4. Glands markedly swollen.

—5. Membrane reforms usually within twelve to twenty-four hours.

—6. Complications frequent and grave.

—7. Fibrinous exudate with Klebs-Lœffler bacillus.

4. Give etiology of gall-stone, colic and technical name.

Ans. 1. Predisposing causes—

Occurs mostly in women; age 40 to 60; rarely under 25; excessive eating, sedentary habits, constipation, too tight clothing, enteroptosis, nephroptosis.

—2. Exciting cause—

Calculi form and occlude the ducts.

Technical name, Cholelithiasis.

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5. What are the diseases with which gall-stone colic may be confounded?

Ans. Acute non-calculus cholecystitis, renal colic, gastralgia, enteralgia, nervous hepatic colic.—Edith Tenley Clark, in Chicago Pan-Path.

California State Board Examination, December, 1901.

Anatomy—Dr. Gere.

1. In what portion of what bone is the optic foramen, and what does it transmit?
2. What bones enter into the formation of the orbital cavity?
3. What are the ligaments concerned in the coxo-femoral articulation?
4. Give the attachments of the internal lateral (deltoid) ligament of the ankle joint.
5. Give the origin and insertion of the Pronator Radii Teres.
6. Name the muscles inserted into the sclerotic coat of the eyeball.
7. Give the relations and distribution of the posterior tibial artery.
8. Give the boundaries, floor, and contents of the subclavian triangle.
9. Give the boundaries, floor, and contents of the triangular space in front of the elbow.
10. Give, in order, the name, office, and place of exit of the cranial nerves.

Physiology.

By Chas. L. Tisdale, M.D., Alameda.

1. Trace the course of a particle of blood from the point when it leaves the left ventricle on thru the general circulation back to the starting point.
2. Give the reaction and chief function of the pancreatic juice.
3. Give the normal constituents of urin and amount voided in 24 hours in health.
4. What is the chief function of the liver and the office of the secretion.
5. Describe the mechanism of voice production, naming the principal organs brought into action.
6. Name the principal divisions of the brain.
7. Describe the fetal circulation.
8. Name all the digestiv fluids, their reaction and function.
9. Give origin of and function of the anterior and posterior roots of the spinal nerves.
10. Describe the process of reproduction.

Materia Medica and Therapeutics.

By Daniel E. Osborne, M.D., St. Helena.

1. What is hydrotherapy?
2. Describe the parts of a prescription, and give a typical example.
3. What is meant by incompatibility?
4. Give the adult dose of the following drugs: Tincture of aconite, tincture digitalis, sulfate of strychnin, sulfate of morphin, atropin, and hyoscin.
5. Write a prescription for a patient in the first stage of croupous pneumonia.
6. What are the chief activ principles found in opium?
7. Give the physiological action of digitalis, and state in what lesions and conditions you would give them.
8. What is meant by coal-tar derivativs, and what is their action in general?
9. Give the physiological action of belladonna and mention its chief activ principle.
10. Define tinctures, spirits, waters and fluid extracts.

Pathology

By Dudley Tait, M.D., San Francisco.

1. In what respect do simple anemia and progressiv pernicious anemia differ?
2. Define amyloid degeneration; state in what organs it occurs most frequently and how is it recognized post mortem.
3. Name four intestinal parasites.
4. Describe briefly the technic of leukocyte count.
5. Describe the process of repair in a wound of the cuticle.
6. Give the histologicalc haracteristics of sarcomata, and state from what tissues they originated.
7. Define the following terms: phagocytosis, immunization, karyokinosis.
8. Describe the parasite of scabies.
8. State the difference between cerebral thrombus and embolus.
10. Name and give the clinical significance of the tube-casts found in chronic nephritis.

Bacteriology.

By Lewis A. Perce, M.D., Long Beach.

1. What is bacillus?
2. Define the term immunity and susceptibility.
3. Name the bacillus commonly associated with suppuration.
4. What do you understand by aerobic bacteria—anærobic bacteria?
5. Name the three principal division of cocci.
6. What do you understand by the term anti-toxin?
7. Describe the tubercle bacillus.
8. Describe briefly how you would stain suspected sputum for bacillus tuberculosis.
9. Describe briefly Koch's tuberculin.
10. Name specific germ of diphtheria; describe it.

Chemistry and Toxicology.

By Daniel E. Osborne, M.D., Examiner, St. Helena, Cal.

1. Discuss the atomic theory and illustrate the method of expressing chemical compounds by symbols.
2. Define acids, bases and salts. Give an example in chemical symbols of a normal salt, acid salt, basic salt and double salt.
3. Give a description of the element arsenic. Mention the compounds of arsenic used in medicin and give a test by which it may be detected. Detail the symptoms and give the treatment of arsenic poisoning.
4. Give a chemical equation illustrating a practical method for preparing chlorin and explain its bleaching power.
5. What are alcohols chemically? Name three of the most important members of the alcoholic group.
6. Define alkaloid and name one volatil and three non volatil alkaloids.
7. Mention two general incompatibles of the alkaloidal group.
8. In silver nitrate poisoning, why would ammonia not be a good stimulant to give?
9. How can you detect earthy and alkaline phosphates in urin? State under what reaction they precipitate and give a method for detecting albumin in urin in the presence of earthy phosphates.
10. What is the normal specific gravity of urin? What is indicated by abnormally high and abnormally low specific gravity?

Theory and Practise of Medicin.

By David Powell M.D., Marysville, and Dudley Tait, M.D., San Francisco.

1. Diagnosis of scarlatina.
2. Causes and differential diagnosis of ascites.
3. Differential diagnosis of follicular tonsillitis.
4. Diagnosis of tuberculous meningitis.
5. Diagnosis of locomotor ataxia.
6. Causes and regional distribution of atheroma.
7. Causes of gastric and intestinal hemorrhage.
8. Diagnosis of lead poisoning.
9. Diagnosis of gall-stones.
10. Causes of edema of the glottis.

Surgery.

By Dudley Tait, M.D., San Francisco.

1. Give the causes and treatment of fistula in ano.
2. Define the following terms: Congenital inguinal hernia, colpotomy, Mickuliez's drain, Bottini's operation, angiotribe.
3. Give causes and treatment of hydrocele.
4. Describe ligation of lingual artery.
5. Give diagnosis and treatment of purulent pleurisy in the adult.
6. Describe two incisions for appendectomy.
7. Give causes and treatment of infiltration of urin.
8. Who was Galen? Sir Astley Cooper? Marion Sims?
9. Give the symptoms of ectopic pregnancy.
10. Describe an operation for lacerated perineum.

Obstetrics.

David Powell, M.D.

1. Describe briefly the phenomena of menstruation. State the relation of menstruation to ovulation and pregnancy.
2. Describe pelvimetry, and state its obstetric use and value.
3. Give the names and dimensions of the diameters of the pelvic inlet. Of the fetal head.
4. Define *eutocia* and *dystocia*. Give an example of each.
5. Describe the mechanism of normal labor.
6. Give the indications for the induction of premature labor (child viable) and state how it should be performed.
7. Give the etiology, symptoms, and management of the albuminuria of pregnancy.
8. How would you treat postpartum hemorrhage.
9. Describe the nature, cause, and treatment of puerperal eclampsia.
10. Mention causes and give preventiv treatment of ophthalmia neonatorum.

Recent Books.

Do you ever feel that you are not appreciated by the general public in your community? Do you ever feel that the laity treat you unjustly? Do other doctors make remarks to your detriment and to their advantage? Does quackery thrive in your vicinity? Do you have trouble collecting your bills? Do you feel that there is

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a lack of that thoro understanding and cordial feeling that should exist between your patrons and yourself? If so, send 15 cents to Dr. A. E. Lawrence, of Coolville, O., for a sample copy of a little book called "The Physician and His Patient." This book is intended for circulation among your patrons, and they can be gotten at $6 per hundred. Get and read a sample copy and see if you could not use a few hundred in your vicinity *greatly to your advantage.*

The American Year-Book of Medicin and Surgery for 1902 A yearly Digest of Scientific Progress and Authoritativ Opinion in all branches of Medicin and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D. In two volumes—Volume I, including *General Medicin*, Octavo, 700 pages, illustrated; Volume II, *General Surgery*, Octavo, 684 pages, illustrated. Philadelphia and London; W. B. Saunders & Co., 1902. Per volume; Cloth, $3.00 net; Half Morocco, $3.75 net.

The contents of these volumes, critically selected from leading journals, monographs, and text-books, is much more than a compilation of data. The extracts are carefully edited and commented upon by eminent specialists, the reader thus obtaining, not only a yearly digest of scientific progress and authoritativ opinion in all branches of medicin and surgery, but also the invaluable annotations and criticisms of the Editors, all leaders in their several specialties. Besides a large number of text-cuts, the Surgery volume contains five, and the Medicin volume four, full-page inserts. Each volume is complete in itself, and the work is sold either separately or in sets.

American Edition of Nothnagel's Encyclopedia. Variola Vaccination, Varicella, Cholera, Erysipelas, Whooping Cough, Hay Fever. Variola (including Vaccination). By Dr. H. Immermann, of Basle. Varicella. By Dr. Th. von Jürgensen, of Tübingen. Cholera Asiatica and Cholera Nostras. By Dr. C. Liebermeister, of Tübingen. Erysipelas and Erysipeloid. By Dr. H. Lenhartz, of Hamburg. Whooping Cough and Hay Fever, by Dr. G. Sticker, of Giessen. Edited, with additions, by Sir J. W. Moore, B.A., M.D., F.R.C.P.I., Professor of the Practise of Medicin, Royal College of Surgeons, Ireland. Handsome octavo volume of 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; Half Morocco, $6.00 net.

Altho the excellence of the German work and the detailed and comprehensiv manner in which the respectiv authors had dealt with their several subjects left comparativly little to be added, the Editor has not hesitated to amend the text whenever necessary, and has also embodied the results of his personal experiences, gained during a varied practise extending over thirty-three years.

"The Surgical Clinic." Publisht by the Clinic Publishing Co., Chicago, Ill. $1 per year.

This is a "twin" of the Alkaloidal Clinic, being devoted to surgery as seen by the general practician. It is edited by the same staff that edits the Alkaloidal Clinic, which gives a guarantee of the same practical value in its chosen field that distinguishes the Alkaloidal Clinic, with which perhaps every enterprising doctor in this country is acquainted. Send for a sample copy of this surgical mate of the Alkaloidal Clinic and judge for yourself. Surgical journals have heretofore been publisht for surgeons, being devoted to difficult and capital operations; here is a surgical journal for the man who is not a specialist, but who is called upon to do all kinds of work—God help and bless such men, the bone and sinew of the medical profession.

"The Century Book for Mothers." A Practical Guide in the Rearing of Healthy Children. By L. M. Yale, M.D., formerly lecturer on diseases of children, Bellevue Hospital Medical College, and Gustav Pollak, editor of "Babyhood." Publisht by the Century Co., New York.

This is a well-made book of 448 pages. It is a book for mothers. The opening chapter is entitled "The Preparation for Motherhood." The book seeks to instruct mothers in the intelligent care of themselves and their offspring, but it does not seek to displace the doctor. Intelligent patients are much more desirable than ignorant patients, but it is harmful for patients to become so "smart" that they "know it all." Doctors should encourage the reading of instructiv and safe books of this nature by their intelligent patients, and this book is one of the best we have seen.

Our Monthly Talk.

Several years ago Mr. John Martin came from London to this country to deliver lectures, mainly on economics and sociology. His lectures were clear, able and attractiv, and his personality was very pleasing. He made such a favorable impression in this country that he was detained a few years, instead of a few months, as was his first expectation, and he finally decided to settle permanently in New York. Soon after his arrival in this country I heard and enjoyed a number of lectures by him, and discust various economic and sociologic topics with him, with pleasure and profit to me. The question in Florodora, "Are there any more at home like you?" is particularly applicable to him, for I have often told him that I wisht England would send us more men like him. This is introductory to the following correspondence:

973 Lexington Ave.,
New York.

Feb. 6, 1902.

DEAR DR. TAYLOR:—I agree with Mr. Nelson about the impossibility of distinguishing morally between a multi-millionaire who got his money with a due observance of "the rules of the game," and any man who has a small independent property. Vanderbilt's advantage in getting control of the main artery of traffic from the west is *morally* no worse than Taylor's advantage in publishing THE MEDICAL WORLD in a growing country where doctors are multiplying instead of in over-stocked England.

I fancy you and Nelson would agree on the remedy: "Alter the rules of the game." That is it. Don't blame the individual, tho you can point to him as a conspicuous and picturesque example of the working of the system. Don't try to change the rich man's heart. Very likely it's as good as the workingman's. But change the rules to which at present the workman, also, is stupidly assenting.

Cordially,
JOHN MARTIN.

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PHILADELPHIA, Feb. 8, 1902.

MY DEAR MR. MARTIN:—Yours at hand, and I hardly understand it. It is evident that you have read my recent "Talks," but it is also evident that you have not read them *carefully*. I have never attempted to hold Mr. Vanderbilt responsible for the conditions which enabled him to accumulate $200,000,000. I distinctly releived him from all blame as to conditions, and I distinctly said that his personality should be eliminated from the problem. The morality of the matter lies with the whole people, rather than with one man. However, there is a difference between "getting control of the main artery of traffic," and publishing a medical magazine. In the former there is a distinct and perpetual advantage, *which should belong to the whole people*. I have no advantage at all over the publishers of other medical magazines. Without his natural advantage, which should belong to the whole people, and his franchises, which should belong to the public, Mr. Vanderbilt could never have acquired the immense fortune that he did. The service would have been rendered, and the money would have been earned just the same, but the public would have gotten the greater part of it, instead of it all going into private pockets.

Don't you see the difference? He was protected by the above mentioned advantages, all of the benefits of which he got; while I have to meet competition in every doctor's office. The difference is radical, and I am surprised that you did not see it.

Very sincerely,
C. F. TAYLOR.

The New York Central is the most famous railroad in the world. The name of Vanderbilt is behind it, and the fame of Senator Depew a part of its system. It has four tracks, a wonderful equipment and a service that culminates in the Empire State Express. *It has practically a natural monopoly of the Hudson River and Niagara Falls.** It is the highway of a closely populated, manufacturing and agricultural State, and the direct line of communication between the country's brain—New York City—and its heart—Chicago. The New York Central is *the key to America*,* and no plan of foreign invasion would be complete without arrangements for interrupting its traffic.—Printer's Ink for March 12, 1902.

Doctors, don't forget about that fortune of $200,000,000, and don't forget that $100 for every working day since Adam would not amount to as much as $200,000,000. Think of it as you ride over the country. Don't let it make you bitter, but let it lead you to such study and investigation that will make you a more intelligent citizen.

The *Philadelphia Ledger* has always been a thoroly conservativ and capitalistic paper; it has always been extremely intolerant of "populistic heresies and vagaries," which it has always spoken of as a "virus." However, it, at last, seems to be "tainted" with said "virus." The *Ledger's* daily telegraphic New York letter is a notable feature of said paper, being bright and newsy, yet as conservativ and reliable as the other portions of the *Ledger*, which is one of the most unsensational, trustworthy and respectable papers in the whole country. The following is clipt from the New York letter in the *Ledger* for March 11th:

*Italics ours.

RAILROAD PROBLEM MAY BECOME AN ISSUE OF NATIONAL POLITICS.

New York, March 10.—Wall street men are beginning to realize that there is far more involved in the forthcoming suit to test the legality of the Northern Securities Company than the existence of that corporation, important tho it be. That is only the first step in what may be a long struggle over the railroad question, a struggle that is not unlikely to get into politics and become a leading issue in the next Presidential campaign, as money was in 1896 and 1900. I am told that one of the foremost railroad Presidents in the country, foreseeing the inevitable results of such a struggle, is urging the railroad managers to forestall the political effects by offering to place their systems under direct Government control. There are two extremes to the problem. One is Government ownership, the other is the complete independence of the railroads as free commercial enterprises. Between these extremes is the golden mean of Government partnership in the railroads, a partnership extending to control, but not to profits. Some keen observers of the situation, experts in railroad affairs, are of the opinion that the railroads must submit to this Government regulation or expose themselves to something worse. That President Roosevelt realizes the political significance of the issue is indicated by his action in the Northern Securities case.

On the editorial page of the same issue occurs the following editorial note:

Public control of railroads is imperativ, else these creatures of the State would become greater than the State itself. But their lines are too long and too widely spread to be wholly under the control of any individual Commonwealth. What follows logically, then, is that they must be controled either by concurrent action on the part of several states thru which their lines run, or by the General Government acting for the entire community. Present indications point to the latter as the more feasible of the two methods.

Moral: When you know you are right, don't be frightened because your cause is unpopular, or because it is not understood. If you are right, your cause is unpopular *because* it is not understood. Stand your ground, and let your light shine. Then, when your cause is understood, and when public sentiment comes your way, you will be regarded as a leader and a prophet. We have had an expert at work for several years on a book on the railroad problem. It will be completed and publisht sometime in the present year; then we hope that every WORLD reader will read it, and lead the sentiment on this question in his community. If any call you a "crank" you can politely suggest "moss-back" in reply. When the sentiment becomes strong, then the uncourageous pull-backs will admit that you were right.

And the following occurs in the issue for March 15;

GOVERNMENT REGULATION OF TRUSTS AND RAILROADS.

New York, March 14.—It is one of the signs of the times that in the same week James B. Dill, the famous corporation lawyer, speaking before Harvard University in Boston, and Martin A. Knapp, Chairman of the Interstate Commerce Commission, in a Board of Education lecture in Cooper Union, should speak of two forms of the great problem now pressing upon the attention alike, of the economists and the practical men of affairs. Mr. Dill favored a national incorporation law enjoying certain privileges over State incorporated companies, but subject to national supervision and examination, which "should require at least private publicity, and which would probably also result in a degree of public publicity." Mr. Knapp's address was an argument for Government ownership of railroads. "Co-operation is," he says, "the great fact confronting every one." "Nothing," he adds, "can stop the advance of industrial federation." These two addresses show plainly the drift of public discussion, if not the drift of public opinion, on these subjects, so closely allied

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to each other. Practical Wall street men, as well as the doctrinaires of the schools, are beginning to realise, more and more, that the question of Government regulation of trusts and railroads is likely soon to become the most prominent issue of politics, as well as the most vital concern of business. It is not too much to say that the course of the markets may in time depend upon the settlement of the question, just as all business practically stood still while the people debated the question of free silver. That some such scheme as is suggested by Mr. Dill, of national incorporation and regulation, not only for trusts, but also for railroads, may be practicable, and is probably inevitable, is becoming the opinion of many close observers of the situation. The idea of Government ownership, however, is repugnant to a very large class of people. It savors too much of paternalism and socialism to please them. Government partnership in, rather than Government ownership of, the railroads and trusts, may be the final outcome of the discussion. The filing this week of the suit to test the legality of the Northern Securities Company is one of the developments that is directing public attention on this subject, and is hastening the hour of agitation and decision.

When we consider that the tendency in other parts of the world has for years been toward government ownership and operation of railroads, and that this is now in successful operation nearly all over Europe, with not the least chance of a return to private ownership, we see that the *Ledger's* fears and views on this point are not well founded.

I have received assurances that my January Talk (concerning the $200,000,000 fortune of the first Vanderbilt) was a "thought provoker." I intended it as such. A self-governing people *must* think; their safety depends upon it. It is not enuf that the "upper classes" alone should think; the governing power pervades every class; so *all* classes should think along the line of public problems. And it is not enuf to think alone; every citizen should *study*—read books on government sociology, economics, etc., and talk with the most intelligent and well informed in his reach.

The following is the thought of one of our subscribers, brought out by January Talk:

THAT $200,000,000 FORTUNE

Editor MEDICAL WORLD:—The unequal distribution of wealth, and the amassing of vast fortunes in the hands of comparatively few people, is the question of all others in which every one, save the favored class, is directly and vitally interested. It comes home to them with telling force and effect. That it is one of the greatest iniquities of the age, doing injustice, working a monstrous wrong, and producing untold misery and unhappiness, there is no shadow of doubt. The amassing of large fortunes is so far from being good public policy, that it is the one thing above all others which tends directly to destroy our form of government. The idea that fortunes of this magnitude can be accumulated in the brief period of a lifetime without the practise of injustice, dishonesty, and oppression toward our fellow beings, is too monstrously absurd to engage the attention of any thoughtful mind. This being true, it must be admitted as demonstrably wrong, creating unhappiness and discontent not only among the unfavored class, but among the fortune finders as well. A number of causes tend to favor these unheard of accumulations in the hands of a favored few.

1st. The exemption, or nearly so, from taxation, by hook or crook, fraud and dishonesty, of large accumulations of wealth, is unquestionably one of the prime factors. As illustrations, a Cornelius Vanderbilt died within the last two years who had given in his property for a number of years at $400,000. After his death it was assessed by state officers at $63,000,000. Another millionaire died in New York recently, and the state assessment shows a like condition. Many others could be given; in fact, it applies with little variation to the whole class. Some ten years ago complaint was made in Washington City about unequal taxation. As Congress looks after the interest of the District, a committee composed equally of democrats and republicans was appointed to investigate and report. This committee reported unanimously that instead of the assessment being $75,000,000, as then existing, it should rightfully be $750,500,000; and further, that nearly all the taxes were paid by the poor and those in moderate circumstances, while the wealthy class was almost entirely exempt. No guess work about this report; it was non-partisan, and impartially made. What an eye-opener this is to any one who will think and reason from cause to effect. Similar investigations thru other impartial sources have been made in New York City, Chicago, and many other cities, revealing the same condition. Indeed the personal experience of observant persons in every community but too truly confirms this state of affairs.

2nd. A protectiv tariff throws the burdens of taxation on the common people and puts money into the pockets of those favored by such class legislation. Take Carnegie, for instance. who forty years ago was working at $2.50 per day, and now is giving away ten millions at a dash—a large part of which money in justice should have gone to the faithful laborers who made it for him, many of whom are still in indigent circumstances, while he is posing as a great benefactor and taking all credit to himself. Such laws give unequal opportunities, thus favoring accumulation of wealth in the hands of the wealthy.

3d. Interest and its compounding enables one possessed of a few thousand dollars to increase the fund rapidly. In fortune getting, an old adage says, "given the first ten thousand dollars and the balance comes easily." Upon the compounding of interest insurance companies do business successfully.

4th. Monopoly accounts to a large extent for these overgrown fortunes. Rockefeller may fitly represent this class. Some thirty-five years ago he started a small oil refinery with a capital of only a small amount in the vicinity of St. Louis. The business prospered, and he soon found that by buying out competitors, and driving others of less means to the wall by low rates on his oil for the time being, was a fast way to accumulate; and he continued the work with increasing activity till he was virtually master of the situation. To-day he is perhaps the wealthiest man in the nation, if not in the world, and is also posing as a benefactor while his eighty millions of customers, who have paid too much for oil, foot the bills. He now has everything his own way, thru his monopolistic grasp, and his word is law and gospel as to the price of oil, which is sure to be high enuf to continue an increasing flow into his treasury. How strange! It sounds like a veritable romance of the wildest kind.

5th. The depression from monetary crises, which happen quite regularly every ten or fifteen years, gives a man of means immense opportunities thru investment at such times to double and treble his fortune. Money sharks at such times are in high clover, and reap all the advantages in sight, without regard or question as to who suffers thereby.

6th. The advantages to the capitalist of auction sales at all seasons of the year is astonishingly great. The fact of his commanding ready money enables him to buy and hold property so disposed of until an opportunity in a little time is offered to double the purchase money, especially when toucht up with cheap paint and paper.

7th. Foreclosure of mortgages in his behalf and the shaving of good interest bearing notes at half their face value is the business of one possessed of the passion for money getting, and tends to amass a fortune rapidly.

8th. Having some means and financial standing favors such a one in gobbling up all franchises and other snaps falling in his way, and these help to make millionaires.

9th. The increment derived from the improvement of property adjacent belonging to others is often a sure way to fortune.

10th. Another cause which operates powerfully in behalf of wealth accumulation in the hands of a few, is the known fact that the laborer is not paid a fair and just equivalent for his services in the production of wealth.

This is a crying shame, and is a reproach to our civilization and to Christianity. Thru such oppression and the reduction of wages of the poor to the bare point of living, deprived of the luxuries, most of the comforts, and stinted in the actual necessaries to sustain life, many millionaires have traveled an easy road to their goal. Were justice meted out thru a fair division of the joint products of labor and capital, these modern Croesuses would find their fortunes reduced very much, and all concerned would be far happier.

Even with all these favoring circumstances, there is one other requisit necessary to vast accumula-

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tions, and that is the love and the study of money getting. This is a sine qua non. It leads to selfishness and a want of consideration and sympathy for other people. Very briefly stated, the foregoing causes are believed to be the principal factors which lead to millionaire making. The trusts and combinations of to-day also tend to effect the same purpose.

The remedies to meet the case and prevent this ignoble practise, even when pointed out, are not easy of application, because they will be fought by united capital with all the energy and appliances at its command: Equal taxation in all respects literally carried into practical effect so that every one shall pay his just taxes according to money worth, would have an astonishing effect in equalizing matters. This would take off much of the interest and profits, which would soon sicken the would be millionaire and deaden his grasping nature. Let revenue be collected by direct taxation, doing away with a protectiv tariff except in infant industries for a brief period. Protection of property from violence is expected by the owners, and most of the expenses of the government—national, state and municipal, are given in their behalf. It is nothing but right for "him who dances to pay the fiddler." The poor man needs no such protection, but he is expected to do all the labor and the patriotic act of fighting for the country. An income tax should properly and rightfully be collected. It is most fair and just. In connection with a direct tax, it would go far toward evening up things and prevent fortune building, thus opening up opportunities for the worthy poor to enjoy some of the blessings of life in conformity with the evident intention of their Creator. If these measures would not answer the purpose, a graduated tax after the fifty or hundred thousand dollar mark is reacht might be added. The more one has the more government protection is needed, and it is not unfair that taxes should be paid proportionally. The election of officers honest and capable, especially assessors who will discharge their whole duty without fear or favor, is an absolute requirement in the equalization of matters. Single tax after Henry George's idea, claims a solution of this problem, and no doubt it would go a good way in this direction. But there are some objections to it, besides its practicability is very questionable. Socialism, after the paternal idea, also claims that its adoption would more equally distribute the good things of life, giving every one an equal chance. This kind of socialism is as opposit to anarchism as one pole is from the other. No doubt it offers many good things, still the large majority of the people will always prefer to enjoy individual rights of property, so that every one may have his own home, vine and fig tree under which he may rest with none to molest or make him afraid. While both of these claimants to favor have some good points, I do not believe that either one of them will ever be adopted in this country. The thing to do, then, is to educate the common people up to the point of thinking and acting in their own behalf, that thru the ballot they may be able to obtain equal rights for all and give special privileges to none; that thru their votes the laws shall be so shaped that wealth cannot take advantage of the necessities of the poor. This is a big task, but there are reasons for hoping that it may be accomplish'.

B. F. HART, M. D.

Seattle, Wash.

Dr. Heinrich Stern, of New York, advocates using a part, at least, of the revenue derived from alcoholic liquors for the establishment and maintenance of asylums for the care and treatment of alcoholics. This is a fitting case of making "the penalty fit the crime." If the liquor trade were made to feel that the cost of the care of their victims would fall on them, they would endeavor to so regulate their trade that the victims would be as few as possible.

Practical Points.

Aladdin's lamp was good, but how much better would be a lamp of Truth—one which would show the truth of any subject that you might turn it on. A physician, for example, might turn it on that ever present subject of laxativs and cathartics, and it would immediately tell him which was best. Parke, Davis & Co., say that if this Search Light of Truth were turned onto the subject of diphtheria antitoxin it would show as given on the back cover of this issue.

For a bactericide and pus destroyer use Hydrozone. This is *the* preparation of Peroxid of Hydrogen, and every physician who has not already made it his regular reliance should get acquainted with it without further delay. See page 18 of this issue for information concerning it. Glycozone—described on the same page—will also interest you. Better send for samples of both of these preparations, and be sure to get literature concerning them.

Did you ever consider how the progress of medical science is recorded? If a physician thinks he has learned something that is new to the profession, he reports it in a medical journal, writes a monograph concerning it, or possibly includes it in a text-book which he may be writing or arranging. But how many other physicians will ever see that particular medical journal, or monograph, or text-book? Or, from another standpoint: Take any physician—yourself, for example—and at the end of a year will you be able to feel that you know just what all of value has been discovered in medical science all over the world during that year? Can any physician even tell himself where he can get such information in form that it is practicable for him either to purchase, or to use if he could purchase it? It is to fill just such a need that the great book publishing house of Saunders & Co. publish the American Year Book of Medicin and Surgery. See title page of this issue for a description of the 1902 volume, just issued.

Philadelphia, Sept. 2nd, 1901.

To Whom It May Concern:

We are pleased to announce that we have this day transferred our right and title to the Burgess Atomizer to the H. K. Mulford Co., of Philadelphia.

Messrs. H. K. Mulford Co. will hereafter have exclusiv control of the Burgess Atomizer, and we respectfully request our former patrons to forward their orders to this firm for attention.

In this connection we desire to thank our friends for the support they have given the Burgess Atomizer, and know that the good name the Burgess Atomizer has won for itself will not only be fully maintained, but its field of usefulness will be extended under this new arrangement. Very truly yours,

J. ELLIOTT SHAW & CO.

We present to our readers a new advertisement this month which will be found very interesting—Antithermoline. See page 17 and send for literature and samples.

Freligh's Tonic; Freligh's Rheumatic Remedy; Freligh's Liver Medicin: three things that never grow old. If you have not yet used

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them see advertisement on page 21 and send for samples and literature.

Try Tongaline on your rheumatic cases. If you will send to the Mellier Drug Co., 2112 Locust St., St. Louis, Mo., they will be able to send you some Tongaline experiences that will open your eyes. See top of Title page of this issue.

All who are interested in the subject of convalescence after exhausting diseases, should write to Mr. Fellows, 26 Christopher St., New York, N. Y., for literature concerning Fellows Hypophosphites. See advertisement on page 18.

When prescribing whisky for your patients, see to it that you prescribe *good* whisky. For a genuin Kentucky brand see page 11.

Catarrh and catarrhal conditions are so prevalent in this country that foreigners will speak of the American voice. In these conditions you will find need for that truly scientific, elegant and efficient preparation, Glyco-thymoline. See adv. on page 2.

Have you a Tallquist Hemoglobin Scale? If not, read the adv. on page 14.

See page 26 for adv. of Lithiated Sorghum Comp. Try it in your urinal cases. A good remedy for these troublesome, and often painful and persistent cases, is often needed by every physician. This one is offered by the well-known firm of Sharp & Dohme.

Do you need a new road cart for rough weather? See page 14 and write to Sargent & Son about the Geneseo. Get their circulars.

Messrs. G. W. Flavell & Bro. will take good care of any orders you send them in their line. See their advertisement on page 8. They will give you good fit and good workmanship.

Many things have changed in the medical line in the last twenty-five or thirty years, but possibly nothing so much as the price of medicin cases for hand and for buggy use. If the physicians of a generation or two back could have foreseen the low prices of cases now-a-days,—good cases, too—they would have opened their eyes. See page 15.

"The Twentieth Century Treatment for Vaginal and Rectal Troubles." See page 29. Send for free sample, with formula and complete literature.

Have you a case of Leucorrhea on hand? See page 33—Antiseptic saving. The object is to preclude germ invasion or germ prosperty. it is no doubt just the remedy you have been looking for. Write to Mr. Tyree about it; he can show you testimonials of the highest order.

Local Treatment of Acne.—The skin is first subjected to the disinfected needle and comedo extractor uutil all pustules and subepidermic foci are evacuated and the conspicuous comedones removed. The surface is then rendered aseptic with Zymocide (pure), which should be applied several times a day.—American Journal of Dermatology and Genito-urinary Diseases.

See page 28 for the neat little case of instruments offered this month by George C. Frye for only $3.75. Or if a more extensiv case is wanted the very complete "Ideal" case at $15, pictured on the same page will interest you. Mr. Frye carries a complete line of surgical instruments and appliances of all kinds; the low prices given in his adv. will interest you.

Saddle Bags! Do you use them? If so, you want Marshall's Convertible—if you have occassion to carry it or to take it in a buggy you merely change it into a convenient and complete buggy case. See page 23 and send for illustrations and prices.

Any cases of Hepatic Colic on hand? See Dr Davis's adv. on page 22.

Glyco-Heroin (Smith), "a true exact solution of heroin in glycerin, permanent and unalterable thru age." See formula on page 31. If you are not yet acquainted with it send for samples and give it a thoro trial in Coughs, Bronchitis, Laryngitis, etc.

In hysteria, insomnia, or nervous prostration, try Daniel's Conc. Tinct. Passiflora Incarnata. A remedy that will soothe the nerves and at the same time not depress the heart is much to be desired. See the adv. on page 8, and send for literature.

The St. Louis Leather Works are advertising two very attractiv medicin cases this month; good, well-finisht, substantial cases, with ample fittings: one for $4.50 and the other for $3 50. See page 10.

The great value of Senna is unquestioned, but just what form to administer it in is a matter of consderably less certainty. Have you tried "Syrup of Figs?" The taste is so pleasant that you will find it a great favoit with children—and with older people, too. See adv. on page 31.

Do you treat your rectal cases yourself or send them to a specialist? In either case, Dr. Mason's adv. on page 10 wiH interest you.

The Anasarcin Chemical Co. (see adv. on page 24) write us that physicians are praising their remedy highly. One physician wrote them that he used the tablets on a case which he had under treatment and that the result was "*marvelous*;" that the dropsy disappeared in 48 hours after treatment was begun. The patient had been ill for three months. The Company tell us that

(*Continued over next leaf.*)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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"THE MEDICAL WORLD,"

1520 Chestnut Street

PHILADELPHIA, PA.

VOL. XX. MAY, 1902. No. 5

Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association;

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

National Medical Legislation.

Yes, a license to practise medicin anywhere under the stars and stripes! Why not? If a license is required at all, we want a good one—one that will be recognized anywhere in Uncle Sam's domains. This sentiment finds an echo in every American heart. It needs only to be exprest, to find immediate endorsement and adherence.

But hold. We think we have "government by the people;" and that we ought to be able to get whatever we want. Not so, unfortunately. Here, as well as frequently in our history, we find ourselves "under the rule of dead men." A written, inelastic constitution, difficult to amend, will continue to rule long after those who establisht it have past away. This is our predicament. It is well known that the members of the Constitutional Convention were almost unanimously afraid to trust the people. Well, that was a generation or two before public schools were establisht, which made popular education possible. Popular education and intelligence must go hand in hand with democracy; so it is little wonder that our Constitutional Fathers were afraid to put too much power directly into the hands of

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the people. Self-government was to be an experiment; and the experiment should be conducted as safely as possible, thought they, so they invented the electoral system for the election of President and Vice-President, and decided that U. S Senators should be elected by state legislatures. The only national officers to be elected directly by the people were members of the House of Representatives, and they had (have) no power independent of the Senate and President. So the people were trusted with nothing directly. We have long since, by means of national party conventions choosing popular candidates for President and Vice-President, largely annulled the electoral system and completely annulled its purpose; but many other of the hard and fixt lines in our constitution are still in the way of progress and of "government by the people."

* * * * *

Our first condition on this side of the Atlantic was that of crown colonies, each one separate, with the authoritiy of the Crown above each and all. The revolutionary war sealed the colonies together, but after the war it was discovered that the Federation was too loose a framework to stand the storms that the ship of state would be sure to encounter.. Hence the purpose of the constitution was "to form a more perfect union;" and the Federation of States became the United States.

However, the *state*, and not the *nation*, was still the dominant idea; and an overwhelming majority of the Constitutional Convention was opposed to putting much power directly into the hands of the people.

* * * * *

Things are different now. Free public schools have diffused education and intelligence among the masses of the people; an enterprising press and a liberal postal service have accomplisht wonders in the same direction; railroads have bound our states together with rivets of steel; and telegraph wires are the nerves which connect every part of our great country with every other part, regardless of state boundaries. Conditions have entirely changed; and our needs have changed. Then nearly every interest was local; now few interests are local. Products are interchanged with a rapidity never dreamed of then, and travel and change of residence have kept pace with improved facilities. Is it strange that out of all this has come a deeper and broader consciousness of National life?

* * * * *

However, our constitutional obstructions still exist; and with the intentionally imposed difficulties in amending that instrument, they are likely to continue for a long time. What we need, perhaps, more than any other one thing, is an amendment that will provide for the amendment of that instrument by direct vote of the people, just as our state constitutions are amended. Our state constitutions are comparativly recent; and they uniformly (with perhaps one exception—Delaware) provide for amendment by direct vote of the people. However, a proposed amendment must be passed first by the legislature (all or nearly all the states require favorable action by *two* successiv legislatures) then it is submitted to a direct vote of the people for acceptance or rejection. We want the power to amend the *National* constitution in the same way, but in addition to favorable action by Congress before submission to the people, we want another and distinct way of getting an amendment before the people: that of popular initiativ; a demand of say 500,000 voters, by petition, regardless of any action by Congress, shall secure submission of an amendment at the next general election.

Just pause and think what this would mean. Realize how far-reaching would be the possibilities. With this power to amend, we could soon get an amendment that would make possible a law providing for a National Board, or National Boards, of Medical Examiners, which could issue a

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license that would give the right to practise anywhere under the stars and stripes. Such a law need not interfere with present state laws and examining boards. They could still license for their own respectiv states, but the number of superior young men who would want a National license would increase from year to year, and the standard in each state would gradually approach the National standard.

* * * * *

But at present this is an idle dream. We must submit to "the rule of dead men" until we succeed in throwing it off. To urge a bill in Congress for National medical legislation would, at the present time, be idle. Any movement for National medical legislation is idle also, except to procure something like the above suggested amendment.

Because of lack of definit information concerning our constitutional limitations, much time and talent have been wasted. We confess to our part, tho we have always had "constitutional doubts"; and we wanted to learn the extent of sentiment in this direction.

* * * * *

As an example of energetic thought regardless of constitutional obstacles, we wish to here quote the following, from a leading member of the profession of Pennsylvania:

A NATIONAL BOARD OF MEDICAL EXAMINERS.

By R. Stansbury Sutton, of Pittsburg, Pa.

You have requested me to write for your journal some suggestions with reference to the establishment of a National Board of Medical Examiners. I have been very slow to respond, not from any lack of spirit or interest in the subject, but because expressed views might not meet with the approbation of all the medical factors concerned in the suggestions, which would be necessarily set forth in such a communication.

If in the United States we had only to deal with one sect in medicin, or only "the legal doctor," who simply practises medicin and surgery, and didn't give a rap for medical sectarianism, it would not be difficult to make suggestions, which might, if not acceptable to all, be weighted with simplicity and effectivness.

Supposing, however, that all schools and individuals have advanced sufficiently far in medical politics and sociology, to have learned the truth of old sayings, such as that "there is strength in union," and that "dissolution is the fate of a divided house," I will venture some suggestions which would, were their adoption possible, enhance the good of the medical men in the United States.

To build up a theory, facts are necessary. To carry out a scheme, ways and means are equally necessary. Let us take stock of both propositions.

We have in the United States 155 medical colleges. Last year they conferred the Doctorate Degree upon 5,044 graduates. At the present time there are enrolled in the United States more than 26,000 medical students. Granting that all these colleges require a four years' course, the probable number of graduates for next year and succeeding years will exceed 5,000. In addition to the 5,000 graduates from our own schools, we have annually a large number of foreigners applying for license to practise medicin—with the latter I include those who come from Canada.

Let us for ease of computation, suppose that the graduates of our own colleges, numbering 5,000 each year, each paid $50 for the license examination, the total sum would be $250,000.

Let us suppose further that this amount was paid directly into the treasury of the United States, and that the treasurer, upon receipt of $50 from a graduate in medicin, desiring to come before the National Board of Medical Examiners, would send him a permit which would insure him the right to appear before the Board and receive an impartial examination as to his qualifications for a license to practise medicin.

Let us again suppose this National Board of Medical Examiners to consist of 50 members, each of whom was bound by law to devote his entire time to the interests of the Board, and to receive a salary of $5,000 per annum, in addition to the necessary traveling expenses. This distribution would consume the $250,000, but on the Board there would be a representativ of the army and the navy, who would be paid by the government. This would leave a balance in the treasury of $10,000, to which would be added the fees of all foreign applicants, and the fees accruing from an increase of graduates above 5,000 annually by our own colleges.

I think it is now demonstrated that we have the means. Now for the way.

The National Board of Medical Examiners might be made up as follows, viz: One representativ from each State, the District of Columbia, the Army and the Navy, and one representativ from the American Institute of Homeopathy, and one from the American Institute of Eclecticism. These combined would constitute the U. S. National Board of Medical Examiners, numbering 50.

Each sect in medicin could provide its own method of selecting its representativs on this Board. The present method prevailing of selecting a State Board of Medical Examiners could be modified, or the present State Boards could continue, and select the member of the National Board. Or the State Boards could be discontinued.

The selections having been made, and approved by the Judicial Councils of the American Medical Association, the American Institute of Homeopathy and the American Institute of Eclecticism, respectively, as to their own representativs, the names could then be sent to the Surgeon-General of the Army at Washington, who would issue the official appointments to all, including a representativ of the Army and the Navy. The Surgeon-General of the Army might be made the Honorary President of the Board.

This Board could be subdivided somewhat as follows: Ten members, including the officers, could be located at Washington, where the headquarters of the Board would exist. The remaining 40 members could be divided into eight sections of five each, with subheadquarters for the individual sections in New York, Chicago, Cincinnati, St. Louis, Nashville, New Orleans, Denver and San Francisco.

Examinations should be open to all candidates at all seasons of the year, excepting July and August. All examination papers, after grading at the subheadquarters, should be forwarded to Washington for final adjudication.

A Board of Medical Examiners of such magnitude as is herein indicated, and devoted entirely to the business before them for ten consecutiv months of each year, would make it possible to adopt a form of examination infinitly superior to that now in use in any State. The plan in my mind which should be adopted is that of our own Army and Navy, combined with that of the "Staat's Exam." of Germany, taking from both their best features.

Such an examination would include thesis work, laboratory work, practical anatomy on the cadaver, operativ surgery upon the cadaver, practical pharmacy and bedside diagnosis. Such an examination for each student would extend possibly thru 14 days, and would be a very different affair from the present method.

If a fee of $50 for such an examination is insufficient to meet expenses, is there any good reason why it should not be made $100? Surely $100 for a license to practise an honorable profession thruout the United States is cheap.

I have said nothing about the vacancies occurring in such a Board, nor of the age limitations, nor time of service. All these things are readily adjusted by the individual States represented upon the Board.

If the plan foreshadowed in these remarks was in operation the wrangle over medical education would cease. Medical colleges would become simply teaching institutions. Polyclinics, postgraduate schools, and extra mural teaching would vastly increase. Those qualified would pass the United States National Board of Medical Examiners and receive a license. Those unqualified would fail to receiv a license, and would therefore no longer constitute a disturbing element.

These thoughts upon the subject are offered, not with the expectancy that they will be approved by all, but with the

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hope that they may set other men to thinking upon this subject.—Reprinted from American Medicin for Dec. 28, 1901.

* * * * *

Congress has jurisdiction over the affairs of the District of Columbia, the territories and *inter*-state affairs. Matters that are confined entirely within a state are under the exclusiv jurisdiction of that state. The original thirteen states were very jealous of their "state rights." Then the state idea was uppermost, and not the national idea. Hence the makers of the constitution had to be very careful to preserve the integrity of state jurisdiction, and protect the states from interference in their local affairs by Congress. So Congress has only to do with *inter*-state affairs. In the 80's, when discrimination in railroad rates became such an evil that Congress had to see what could be done about it, the *Inter*-state Commerce Commission was establisht. This commission has nothing to do with rates entirely within a state; but its authority begins wherever commerce crosses a state line. Fortunately the operations of no considerable railroad or commercial establishment is confined to a single state; hence the powers of the Commission are important. The Hepburn Pure Food Bill, now pending in Congress, a copy of which is before me, had to be framed along the same lines in order to be constitutional. That is, it is not operativ against adulterators of foods and drugs when the manufacture and sale of such are confined to a single state, but only when such articles pass from one state to another. This, in order that the internal affairs of each and every state shall be under the exclusiv jurisdiction of the states themselves, and be sacred from interference by Congress. The regulation of the practise of medicin is considered to be, under the constitution, among the "internal affairs" belonging to the states themselves. It is clast among the "police powers" of the states. It seems to me that the passing of doctors from one state to another for the purpose of practising their profession might be regulated by Congress, just like the passing of goods from one state to another, to be sold in the state thus invaded. But constitutional authorities seem to think not; at any rate Congress could not grant the original right to practise—that is, in the state of origin, before the passing of the doctor to another state.

* * * * *

We have found our national money so much better than the bills of state and local banks* (some of our readers perhaps remember the uncertain value of money before the civil war), and we are so accustomed to a national postal service (inter-state, however) that we naturally expect and favor other kinds of regulation and service by the general Government. We are beginning to feel a National consciousness. I believe in spelling nation with a capital N. The dominant idea originally was the state. National ideas and interests have far outgrown and overshadowed those of the state; and on the other hand, city and town interests not known a century ago (modern street paving, modern methods of drainage, public water supply, gas and electric light supply, trolley lines, etc.) have grown to undreamed of importance, so that state interests and ideas, which were dominant then, have been eclipst by those of both the Nation and the municipality.

* * * * *

Matters that were considered strictly private have now become "public utilities." The pump in the back yard has disappeared and the *public water works* have come. The tallow dip has given place to the city gas works or the electric light plant. For five cents the trolley cars will give the poor man a long "carriage ride" for either business or pleasure.

A journey of hundreds of miles is now a trivial matter, while then it was a serious undertaking. New York and Philadel-

*The issue and control of money, however, is a function distinctly given to Congress.

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phia were farther apart in Revolutionary days than New York and Chicago are now; Boston and Philadelphia were about as far apart as New York and San Francisco are now. As to the transmission of news, months have become minutes. In the movements of persons, products and intelligence, the entire country from ocean to ocean and from the lakes to the gulf, has become as a single state in Revolutionary times. I am sitting in my study; and as I look around the room I am unable to recognize a single thing in furniture or fabric of Philadelphia or Pennsylvania manufacture. Yet Philadelphia is one of the leading—perhaps the leading manufacturing city in the country; and Pennsylvania products go not only to every state, and nearly every home in the land, but to every country on the globe. Compare this condition with the intensely local sources of supply and the "home-spun" of a century ago.

Matters that were then considered local are not so considered now. For example, slavery was then considered a strictly local matter; now people of every part of our country feel a righteous concern in a matter of this kind in any portion of the country. In the same way the moral and educational standard of any part of the country are matters of concern to every other part of the country, regardless of state boundaries. If wages are lower and hours of labor longer in one state than in an adjoining one, that fact will take work away from the state of better pay, working an injustice, or certainly a disadvantage, to the laborers there. New Jersey is the trust state, because its laws are more favorable to irresponsible or water-capitalized corporations than the laws of states like New York and Pennsylvania. This is not right. All corporations doing an interstate business should be required to take out a National license, under certain regulations, or should be organized under National laws. We are beginning to feel that health is not a local matter. Is not a man's life worth as much in one state as in another? Contagious diseases have no regard for state boundaries. Why should they not be fought by the same agencies and with the same diligence on one side of a state line as on the other? If the nature and treatment of disease are the same in one state as another, and life as precious in one state as another, why should not the standard of physicians be as high in one state as another? Thus we see that we are getting broader ideas on all of these questions, and our machinery of government should be put in harmony with present conditions and ideas. To show the present condition of such machinery by recent and high authority, I am pleased to present the following two letters recently received by Dr. Emil Amberg, of Detroit, Mich.:

United States Senate,
Committee on Privileges and Election,
April 8, 1902.

DR. EMIL AMBERG.

My Dear Sir:—Your letter of the 6th instant has just reacht my hands. The question you ask is not altogether easy of solution, but I think that the prevailing opinion in regard to legislation of the character supposed by you is that it would not be constitutional. At any rate it would be of such questionable character, from a constitutional point of view, that Congress would not look upon it with favor.

The regulation of the practise of medicin is a matter pertaining to the police power of the several states, and is one with which the National Government does not interfere. So that, however highly remedial of evils such legislation as you suggest might be, it must be left to the legislative bodies of the several states to apply the remedy.

Yours very truly,
(Signed) J. C. BURROWS.

Committee on Election of President, Vice-President and Representatives in Congress,
House of Representatives, U. S.,
Washington, D. C., April 8, 1902.

DR. EMIL AMBERG.

Dear Sir:—In reply to your favor, would say: Our constitution does not give Congress jurisdiction except in [inter-state and] international commerce, and a National Examining Board for Physicians cannot, therefore, be establisht without an amendment to the constitution.

Very truly yours,
(Signed) JNO. B. CORLISS.

* * * * *

Interstate Reciprocity.

A constitutional obstruction acts like an insurmountable dam in a stream. The

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water will accumulate and press forward; but if it cannot remove or surmount the obstruction, it will leave its natural bed and find a way by some circuitous route. This is exactly what is being done in regard to the matter before us. Because a National Medical Examining Board is constitutionally impossible, reciprocity among the states in regard to medical licenses is found to be the most available substitute, and it is being pusht rapidly. The movement seems to be developing most rapidly at present in the states of the middle west, particularly Michigan, Indiana, Illinois and Wisconsin. A meeting of representativs of these states was held in Chicago on the 17th of January last, at which encouraging progress was made, and another will be held soon. As soon as reciprocal recognition of certificates gets fairly under headway, the advantages will be so apparent that the movement will doubtless spread with great rapidity.

The one man to whom we are most indebted for the reciprocity movement is Dr. Emil Amberg, of Detroit, Mich. We are fortunate in being able to here present an article from his pen, requested for this discussion.

Interstate Reciprocity for the License to Practise Medicin, or a National Examining Board?

Editor MEDICAL WORLD:—Interstate reciprocity for the license to practise medicin has now become pretty familiar to the profession at large. The efforts towards reciprocity are not of recent date. The subject, however, presented to many such a chaos of problems that progress towards its achievement was only slow until very recently. In 1899, upon a suggestion of Dr. L. E. Maire, of Detroit, the late Dr. R. H. Honner, president of the Wayne County Medical Society, appointed a committee of five with the purpose of investigating what could be done towards the establishment of uniform medical laws, of which committee the writer was the secretary. It proved to the writer that the suggestion of any fixt rules at that time would practically be an imposition on the medical profession of this country in general, and on the State Medical Boards in particular. Therefore he suggested that the State Medical Boards should first be consulted in the matter. This thought, I may say, formed the nucleus of the revival and of the well-received movement which is now pretty well establisht, altho not quite sufficiently understood. The writer tried to express the ideas governing the movement in two papers, read at Atlantic City, June, 1900.*

It has now become pretty well known that the following factors make the establishment of reciprocity desirable and necessary: 1. The hardship to physicians of years of practise who intend to change their location. 2. The raising of the standard of medical education which is inseparably connected with the movement, because it is distinctly understood that reciprocity shall never mean the lowering of the standard of requirements in any political division, but just the contrary.

The objections raised towards establishment of reciprocity, after the writer's experience, are based on the following erroneous thoughts. Some think that reciprocity means: 1. A lowering of the standard of requirements in some divisions. 2. That any physician who intends to change his location should be obliged to pass a complete examination also in elementary subjects. 3. That the subject presents so many obstacles which, as some think, could not be overcome without great difficulty.

All these objections have been proved to be without foundation. It is possible that there exists another difficulty based on ideas which, however, fear the light of the day. This difficulty consists of the fact that quite a number of medical colleges of a low standard must very materially improve, which seems to be impossible in many instances, or go out of existence. Those interested in medical colleges of a low standard (a curse to the medical profession and of the public), will, however, learn that their resistance will not amount to anything.

The National Confederation of State Medical Examining and Licensing Boards is interested in the movement, but a one day's meeting once a year, cannot do justice to the question of reciprocity. As a natural step in the movement, Dr. Parsons and the author suggested the formation of groups. The author thinks that groups can be formed either with establisht reciprocity or with the intention to establish interchange of licenses. At present there exists two such combinations: 1. The Confederation of the New England State Medical Boards, and 2, The Reciprocal Federation of State Medical Boards. The latter resulted apparently from the desire to establish a group composed of the states of the middle west, as suggested by the writer. The advantage of these groups is apparent. First, meetings can take place more frequently than once a year; second, reciprocity among neighbors is of additional importance and value.

That the American Medical Association has taken up the subject is a known fact. It appears that this body will give, in future, a great deal of consideration to this most important subject, as is expected from a national organization.

That a National Examining Board has many advantages and would be preferable to reciprocity is admitted. A modified examination for physicians of many years of practise could easily be arranged. The establishment of a National Board

*See The Medical Record, New York, September 29, 1900, and The Medical News, New York, October 27, 1900.

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seems, however, to be out of the question at the present time, at least by any act of the National Government. Reliable information from authoritativ sources, of very recent date, corroborate this view. It may, however, not be impossible that a Central Examining Board could be composed of delegates of the State Boards or groups of State Boards, and the boards interested could grant licenses to those who past the Central Board in their divisions, if this does not conflict with the constitution of the United States. Such a Central Board is theoretically feasible. This would mean, however, reciprocity in modified form. It is very probable that the coming years will bring some kind of a solution, as it is conceded by almost everybody that the present conditions cannot be permitted to continue any longer.

It would, most decidedly, be preferable to have a voluntary National Examining Board, as Dr. Rodman, of Philadelphia, suggests, leaving the power to issue a license to the several states and territories. I admit that such an institution of which Dr. Rodman will speak in a publication which will shortly appear, is most desirable, and I think that the whole influence of the medical profession of the country should be directed towards the formation of such a voluntary National Board. EMIL AMBERG.

270 Woodward Avenue, Detroit, Mich.

The Committee on National Legislation of the Amer. Med. Ass'n met in conference delegates from affiliated societies in Washington, D. C., April 10 and 11. Dr. Amberg, who was a delegate, kindly writes, at the close of the meeting, as follows:

Dear Dr. Taylor:—The subject of uniform medical legislation was discust very thoroly yesterday. The whole matter was referred to the American Medical Association thru the House of Delegates. It has been suggested in the report that each State Medical Society appoint a committee on uniform medical legislation, consisting of three members; furthermore, that the American Medical Association appoint a standing committee on uniform medical legislation of three members, one from the south, one from the west and one from the north. The desire has been exprest in the report that a voluntary National Examining Board be establisht, leaving, however, the power to license vested in the various states, territories, and the District of Columbia. Any federal board of a compulsory character, as you know, would be unconstitutional. The profession, undoubtedly, will feel very grateful to your paper, which takes up this vital question. EMIL AMBERG.

* * * * *

The very latest word (in a letter to us dated April 10) from Dr. B. D. Harrison, of Sault Ste. Marie, Mich., secretary of "The Confederation of Members of Reciprocating State Medical Examining and Licensing Boards," is as follows:

"Unfortunately very little practical work has been done so far relativ to the very important subject of reciprocity among the states, but I trust the proposed meeting in May may in a measure make amends for this."

The former meeting (in Chicago, Jan. 17) appointed a committee "to formulate a policy for reciprocity between the states." The meeting then adjourned for two hours to allow the committee to prepare a report. The following report of the committee (which was adopted) is taken from the minutes of the meeting kindly sent by Dr. Harrison:

Your committee appointed in the matter of reciprocity begs to submit the following propositions:

1. That a license or certificate of qualification of at least one year's date and based upon presentation of a satisfactory diploma, and an examination before a board in specified branches of medicin and surgery, may be accepted at the discretion of a board in lieu of an examination, and as a basis upon which the license of a state may be issued.

2. That a license or certificate of qualification issued by a State Board of Registration or Medical Examiners of at least one year's date, based upon presentation of a satisfactory diploma and upon the recommendation of a State Board of Registration or Medical Examiners as to the reputability of the applicant, may be accepted at the discretion of a board in lieu of an examination, and as a basis upon which the license of a state may be issued.

Note.—Owing to the differences which exist in medical laws in the different states it was only possible for the Confederation to recommend the policy upon which the reciprocal exchange of certificates could be accompliaht. The details of such reciprocal exchange of certificates must be arranged between states reciprocating, also the standard of preliminary education as well as that of the medical qualifications of licentiates, must be a matter of agreement between reciprocating states.

Reciprocity.

The bill introduced by Dr. Emmert, of Atlantic, for granting of certificates to practise medicin and surgery in the State of Iowa without examination has been up in regular order and passed. It grants a certificate to practise medicin and surgery in the state without an examination where a certificate can be shown that such permission has been given in other states; that is, where the applicant comes from a state which grants a like favor.—Reported from the Iowa Legislature.

Remedy for Substitution.

The Farbenfabriken of Elberfeld Co. complain of extensiv substitution, affecting particularly phenacetin and sulfonal among their products. Perhaps our

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country purchases and consumes a larger amount of these two products than any other country, and yet we are forced to pay a higher price for them than any other country—a difference many times greater than would be caused by our tariff. I have not been able to get the prices of these articles in Germany, where they are manufactured, but in Canada a retail druggist can get phenacetin for 35 cents per ounce, and sulfonal for 30 cents per ounce, in average quantities, while the price to retail druggists in the United States is $1 per ounce for phenacetin and $1.35 for sulfonal, in average quantities. Is it any wonder that substitution exists under these circumstances? The best remedy for substitution is fair play. The manufacturers themselves make conditions that invite substitution. Of course, such outrageous discrimination in prices against the country which is their best customer does not justify substitution. Whatever a physician orders should be faithfully dispenst by the druggist, regardless of price, and regardless of unfair treatment in price. But the facts given above, well known among druggists, tempt the weak ones to mix acetanilid (an article of somewhat similar nature and effect, but unprotected by patents, hence sold at a fair price) with phenacetin. Why should not American druggists and doctors be able to get this article at 35 cents an ounce (the price to Canadians), with perhaps a trifling 6 or 8 cents added for duty? The case of sulfonal is worse—30 cents when sold to Canadians as against $1.35 when sold to us! Can we not get along with our standard and official hypnotics until a just price is made to us?

Doctors' Finances.

We are receiving abundant evidence that the articles on doctors' finances and investments, in April WORLD, are causing many would-be "lambs" to *think*. At the same time, judging from the circulars and circular letters received from various sources, the profession is being "workt" harder than ever by promoters of speculativ schemes. We hope that there will be no bitter regrets later. If there are, please remember that THE MEDICAL WORLD tried to save you from them. Please realize, now and ever, that the advice we gave on pages 138 and 139 of April WORLD is absolutely safe. Keep it ever in reach for reference. Please notice that you never see any speculativ schemes advertised in THE MEDICAL WORLD. We do not admit them. Our mission is to protect the interests, as well as to serve, the interests, of the medical profession.

Dr. J. E. Gray, of Rochester, N. Y., writes: The article on "Financial Investments," in April WORLD, would place many a medical man I know in a better position, were he to heed the instructions given. I do not know why we should receive letters and advertisements by the score every week from brokers as to investments, if there are not many "lambs" among those in our calling.

Inclosed please find check for three dollars ($3) for four years subscription to THE MEDICAL WORLD. The article on "Physicians and Finances" (in April WORLD) alone is worth many years subscription to your valuable journal, not saying anything about the other valuable matter it contains. You can consider me a perpetual subscriber. A. A. LAMAR, Middletown, Md.

Let Us Count Noses.

THE MEDICAL WORLD, always popular, has made great strides in popularity in the past couple of years. It may be of interest to the members of "the family" to know how many members there are, and where they are. The following statement of the number of subscribers in each state for April issue comes from our subscription department:

SUBSCRIBERS.	
Alabama	403
Alaska	11
Arizona	34
Arkansas	627
California	581
Colorado	161
Connecticut	201
Delaware	57
District of Columbia	53
Florida	173
Georgia	442
Idaho	66
Illinois	1245
Indiana	867
Indian Territory	171
Iowa	658
Kansas	455
Kentucky	572
Louisiana	324
Maine	188
Maryland	266
Massachusetts	536
Michigan	620
Minnesota	244
Mississippi	366
Missouri	996
Montana	62
Nebraska	321
Nevada	14
New Hampshire	154
New Jersey	304
New Mexico	43
New York	1315
North Carolina	375
North Dakota	57
Ohio	1317
Oklahoma	145
Oregon	139
Pennsylvania	1318

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Rhode Island	65
South Carolina	298
South Dakota	116
Tennessee	767
Texas	1345
Utah	46
Vermont	169
Virginia	501
Washington	127
West Virginia	405
Wisconsin	383
Wyoming	21
Canada	597
Mexico	15
Other foreign	42
Additional subscriptions received, and not yet entered in their respective states	2340

Has your state as many as it ought to have? If not, what can you do to increase the number? We do not send out vast numbers of sample copies any more. That has grown to be a great nuisance to both publisher and profession. However, we will send sample copies to a reasonable number of your friends upon special request, if you will cooperate in interesting them with a view to their "joining the family." Perhaps a good plan would be to give them a trial rate of 25 cents for the remainder of 1902. Then the regular rate, $1 per year, or $3 for four years, will apply after the trial period. Tell your friends that they need not wait for a promiscuous distribution of sample copies. It will come no more. We have wasted too much money in that way. That which is given, particularly if it is given unaskt, is not appreciated. You naturally want your friends to enjoy a good thing with you. We will, as we said above, send sample copies to a reasonable number of your medical friends, and will mark any special article or articles if desired, if you will let them know that it was done at your request, and with a hope that they will "join the family." Or we will send you, upon request, a reasonable number of sample copies for you to give or send to your medical friends, with your own compliments, hoping that they will become interested to the extent of taking a "trial trip" with us for the remainder of 1902, any way, for the nominal price of 25 cents, the regular rate to apply after that time if the trial trip has been satisfactory. As the politician said: "We are in the hands of our friends."

The offer of a four year subscription for $3.00 is very generous, and is thankfully accepted. THE WORLD, permit me to observe, occupies an unique field in medical journalism. It is bright, cheerful and pithy; for the most part practical, and always entertaining. It is the only medical journal that comes to my office which is devoured *seriatim*. It is indeed seldom that THE WORLD is not read in its entirety on the day of its arrival. W. W. WADSWORTH, M.D.
Muncie, Ind.

I enclose my personal check for $3.00, with 25 cents added for the exchange. I think it will cost you 25 cents to collect it. If it does not, you are just so much ahead. THE MEDICAL WORLD is good enuf for me, and I believe you better make no discount to me. I am willing to pay $1.00 a year for it; so I will consider the enclosed as paying for but three years.
Salina, Kan. CHAS. W. STOWE.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

A Remarkable Case of Worms.

Editor MEDICAL WORLD:—I report this case as it is one of rarity. I was notified by a preacher to visit his nine-year-old son and found the little fellow up but looking badly; skin yellow, tongue coated, abdomen much enlarged, bowels constipated, appetite extraordinarily good, at times insatiable.

Addressing myself to his mother, I remarked that my diagnosis was worms. She took offense at my opinion, stating that she would not believe her boy was wormy. I told her if I had to treat him, I would certainly treat for worms; but noticing that I had incurred her displeasure, I left. On my way to my office I met her husband and related to him my opinion as to his boy's trouble, and stated that his wife was offended at my pronouncing the case one of worms. He requested me to prescribe for his son, which I did reluctantly. This was on Sunday. On Wednesday evening following, having some patients to visit, I had to pass his residence, and being anxious to ascertain the result of the medicin, I called to see the little fellow. His mother met me very pleasantly. I told her, as I was passing I merely called to know how her son was getting on. She replied that he was better and requested a servant girl to bring the towel that was suspended in a fig tree. When she opened it I counted one hundred and sixty-eight worms, from six to eight inches in length. I lookt at her with an air of surprise, and inquired if her son discharged all the worms. She replied, yes. I told her, then she would not be so ready to condemn my opinion in the event I should be called to any member of her family again.

If any M.D. can beat this record I

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would like to hear from him. Here is the prescription:

℞

Olei chenopo. anthel	ʒj
Fld. ext. spigeliæ et sennæ	ʒss
Santonin	grs. viij
Powd. acaciæ	ʒj
Syr. rhei aromat.	q.s. ʒj

Mix well. Sig.: Teaspoonful, previously shaken, three times a day one hour before meals, to be followed in three hours after taking last dose with half an ounce of castor oil with ten drops of turpentine.

Gadsen, Ala. M. B. POLLARD, M.D.

Cure for "Pin Worms."

Editor MEDICAL WORLD:—I notice frequent questions and suggestions as to best method of curing those who suffer from "pin worms." As but one remedy is required, if it will "do the work," I will tell the WORLD readers what that remedy is. Just plain, common INDIGO. Dissolve a lump the size of a well-matured May cherry (I never weighed it or would give in grains) in a glass of cold water, and give at bed time. One dose a week for a while and the trouble is over. I endured the torture of pin worm affliction for many months. Doctors far and near failed to do me any good. I gave up my work in college and started home. Could not study, sleep nor be still. I heard of the indigo cure. It brings them away by the hundred, and the awful torture is (I was going to say, "at an end", but some doctor would say, "why, of course") passed. "The end justifies the means."

Muncie, Ind. W. A. SPURGEON, M.D.

Treatment of Foreign Bodies in the Eye.

Editor MEDICAL WORLD.—The removal of particles of cinder, sawdust, iron or sand from the eye is usually an unimportant matter; but when a foreign body has been lodged in the cornea several hours or days, while well-meaning friends have made several unsuccessful efforts to remove it, the prognosis becomes serious and treatment more difficult. The means usually employed by the laity are: eyestones; horsehair loops; flax seed; corners of questionable handkerchiefs; and many other equally dirty methods, which often cause inflammation, ulceration of the cornea and subsequent opacity. Having the surgical care of some 250 quarrymen and stonecutters in charge, I am frequently called upon to remove particles of stone or steel from the eye. Among this class of workmen there is nearly always someone who is fairly adept in removing foreign bodies, especially if they are loose and of large size; but generally the offending substance is a piece of hot steel from some tool, or a piece of sharp stone, which may be imbedded to a considerable depth. Placing the patient in an easy position where the reflection from a large north window will fall on the cornea, the eye is carefully examined with or without the aid of a good magnifying glass, and the foreign substance is located. A few drops of a three or four per cent. solution of cocain is then dropt in the eye, and wait ing a few minutes until the cocain takes effect, with a spud, sharp pointed lance or bistoury I carefully cut around the foreign body and lift it out. Where a piece of iron or steel has been in the eye several hours or days, there will remain a discoloration, due to formation of rust, which should be removed, as it will act as an irritant. Directing the patient to keep the eye bandaged for a day or two, I give him a two dram vial of a solution containing boric acid, morphin and atropin, to which I sometimes add sulfate of zinc and bichlorid of mercury if there exists much inflammation or pus formation. If the pain is unusually severe, I prescribe a small vial of a three per cent. cocain solution. The use of a strong magnet has been advised where steel or iron has entered the eye, but I have used a magnet capable of lifting one-half pound, with negativ results. Some of these cases are very trying, both to the patient and physician, especially when the substance is small and deeply located. Should much haziness of the cornea remain, the local use of mild mercurial preparations and the internal administration of tonics, iodids and pilocarpin will prove beneficial.

Roxbury, Conn. LOUIS J. PONS.

Passing the Sigmoid.

Editor MEDICAL WORLD.—Having had many years experience in the treatment of rectal diseases, and with the "long tube" and other forms of explorers, I may be pardoned for saying a few words about the same. It is very difficult (rarely possible) to pass a long, soft rubber tube thru the sigmoid, unless the bowel be distended by water or saline solution; and even then it is not always possible to do so. A large tube with a spiral wire within from end to end will facilitate its intro-

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duction, but this will double on itself frequently. For exploration and treatment of sigmoid I use ordinarily a metal staff, or tube fitted at the distal end with a thread upon which is screwed graded oliv tips, which are perforated, making it possible to inject thru the tube any indication desired. The staff has a spiral form, to more perfectly conform to the bowel. The instrument is about fifteen inches long and can be past (positivly) thru the sigmoid into the descending colon. Can be covered with a rubber tube for insulation and used as an electrode. In some cases it will require considerable tact and skill to pass the sigmoid. Great care must be exercised not to employ force. Use same care as in passing urethral sounds. "*Use no force.*" The olivs gauge $\frac{5}{8}$, $\frac{7}{8}$ and $\frac{9}{8}$ in. in diameter. It will be best to flush the bowel somewhat in most cases to facilitate the passage of the "sigmoid tube;" *i. e.*, let a little of your medication flow thru the tube during its passage.

About seven years ago Messrs. Truax, Green & Co., of Chicago, made a pattern of the instrument, but whether they manufacture it or not I can not say.

St. Paul, Minn. EUGENE HUBBELL, M.D.

Fasting for Epilepsy.

Editor MEDICAL WORLD:—Recently I came near meeting my Waterloo. It was a case of epilepsy, of course. Nothing I could do would stop the seizures. Even my goat serum failed to work for the first time. Then I lookt up verbena and fed it to the case. Bromids, valerian, chloroform all failed. But I noticed that the young lady had an enormous appetite. She could eat bread and butter by the loaf, potatoes, roast beef and cabbage in quantities. Yet she was comparativly thin. Bowels very much constipated; one movement every third day. She came to me three months ago. She said she heard that I could cure her, and if I could not, she would jump in the lake. Epilepsy from ninth year, now twenty-seven. After a prolonged attempt at the case, I told her I had only one more thought: would she stop eating?

To be brief, forty days without any food excepting pure water. She weighed 116 when she commenced to fast; at the end of forty days 101½. After the tenthday she became quite vivacious, and the seizures ceased; bowels moved twice a day, thin watery fluid, with scybalous matter. This matter on observation proved to be old chunks of decomposed meat. She did not seem to care for food after the fourth day. She did not grow weak, but became very elastic, and full of life. We tried to persuade her to eat after the tenth day. I grew very anxious as the days sped by, but her heart beat was good and temperature was normal. She said she had discovered that people could live on air and water with sunlight. She now eats three tablets of chocolate and three cups of malted milk a day. She has no seizures, takes no medicin, but is still under observation.

This case is interesting from the fact that I have since gone into the fasting business for all classes of cases where the digestiv function is out of order. We all eat too much; one meal a day is sufficient for people with sedentary habits; two is enuf for hard workers. The craving for food is a habit. The air, sunshine and pure water will perform miracles. Get the sewers well flusht, eat pea soup or peanuts once a day, one apple at night. Now if you get no better, just stop eating.

Chicago, Ill. H. S. BREWER, M.D.

A Complete Laceration of the Perineum, Complicated with Impaction of the Colon.

Editor MEDICAL WORLD:—On February 15, I was called to attend a primipara in confinement. Labor commenced at 4 a.m. and I arrived at 10 a.m. Made a digital examination and found a normal presentation, os three-fourths dilated; and at 12 m. I made another examination and found the os well dilated with the fetal head engaged in the superior strait. The pains had assumed a bearing down character, and the second stage of labor was now establisht. The pains were strong and regular, and at about 4 p.m. the head presented itself at the inferior strait.

The pains became more frequent and severe, but no progress was made. I had her assume the various positions advantageous to the progress of labor, but all failed. It was now midnight, and the head had not advanced 1-16 of an inch. The pains were unusually severe, and my patient was becoming exhausted. I had exhausted all the ordinary means to deliver her, and it was now evident that I would have to use the forceps. I advised the family that a forceps delivery was necessary, and had no difficulty in getting their consent. I then applied the forceps, and after considerable work brought the

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head down against the perineum. I still made gentle traction, and when the perineum was well distended I made ready to remove the forceps and let the natural forces of labor complete the delivery, and thereby save the soft structures. But before I could get the forceps disengaged and my hand placed to support the perineum a powerful uterin contraction drove the head thru the soft structures, and in a few seconds was followed by another contraction which landed a nine pound child with an unusually large head well down between her limbs. In due time I tied and cut the cord and removed the child, which had escaped injury, and then I saw the funis dangling from the anal orifice, which told me that I had a complete laceration of the perineum. In a few minutes the placenta was expelled in its entirety, after which I changed the soiled bedding, washt my patient well with a carbolized solution, and let her rest a few hours while I made ready to repair the laceration.

After providing myself with sterilized water and instruments, I proceeded to repair the perineum. I first drew my patient well to the edge of the bed, flext the legs on the thighs, the thighs on the abdomen, and separated them sufficiently to give plenty of room. I now washt out all the interposing clots with a warm carbolized solution, carefully dried the parts and dusted the lacerated surfaces lightly with iodoform. I then passed a strong suture of silkworm gut from the skin (perineum) to the depth of the wound, and in the plane of the recto-vaginal septum, in such a manner as to include within its grasp the torn fibers of the sphincter ani muscle, emerging the suture at a corresponding point upon the opposit side of the perineum. This suture was past in such a manner that when tied it formed a complete circle, thereby avoiding excessiv traction on any given point. I now tied my sphincteric suture lightly and closed the rectal and vaginal mucosas by passing a sufficient number of fine catgut sutures, beginning above at the apex of the rent on the vaginal surface, and extending down so as to include the rectal mucosa. This being complete, I drew the sphincter suture taut, thus closing the rectal orifice firmly. I now passed five sutures of silkworm gut at equal distances, one above the other, in such a manner that they went well down to the floor of the laceration, and at the same time describing the arc of a circle, also exercising the utmost care in order to get perfect apposition. This being done, I tied my perineal sutures singly, commencing below and going up until the last one was tied, thus completing the repair. I then gave a vaginal douche, applied a thick coating of acetanilid and covered with iodoform gauze. My after treatment was a daily douche and redressing with acentalid and iodoform gauze.

On the morning of the fourth day I gave an ounce of castor oil per os and a pint of a normal salt solution high up in the rectum. The nurse reported that during the day she had several loose stools. The next evening I ordered another ounce of castor oil, and the following day the nurse sent me a note stating that the patient had a constant desire to stool, but could not on account of a hard scybalous mass presenting itself at the anal orifice. I immediately went to my patient to investigate matters. I found a column of scybali extending up the rectum as far as I could feel thru the vagina. I removed several of the hard fecal masses by means of small forceps. They were about as large as an unhulled walnut, and so hard that they sounded like metallic balls as they fell into the chamber. After I had removed all I could reach, I introduced high up in the rectum a pint of warm water containing ten grains of dried ox-gall and a tablespoonful of Epsom salts, after which I injected four ounces of olive oil just inside of the sphincter and ordered a tablespoonful of Epsom salts per os three times a day. I repeated the injections twice a day and occasionally gave a copious injection of soap suds. From time to time a large scybalum would pass, taxing the sphincteric suture to its uttermost, and causing the laceration to bleed. After three days of a constant desire to defecate the entire mass had passed and left the colon clear. On the fourteenth day I removed the perineal sutures, and on the twenty-first day I removed the sphincteric suture. The result was a perfect success, and today my patient is sound and well.

Some of the brethren, no doubt, will censure me for not giving nature more time. But remember the head was stationary at a given point eight long hours; and had I known that the impaction existed and been consulted in time, I would undoubtedly have tried to clear the

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bowels. My object, however, in writing this article is not to demonstrate my handiwork or mistakes, but to show under what unfavorable circumstances a perineum may be successfully repaired.

Wapella, Ill. G. M. ROBERTSON, M.D.

Placenta Retained Four Weeks and Eleven Weeks.

Editor MEDICAL WORLD:—Mrs. T. R. Price, Leakville P. O., N. C., mother of seven children, healthy, family history o.k. Farmer's wife and a busy housewife. I was called to see her five miles from my office the fourth Sunday in August, 1876. Case of labor; found that child had been born soon after messenger left; time of labor, about one hour. Child very much decayed, with the most of the skin of child left in the vagina. Made an examination and removed debris. Lookt for cord; found it later as a rotten string in the debris. Patient in good spirits and remarkt that she had a "death-like" feeling ten or fifteen days before, with a severe trembling that lasted a minute, but to her it seemed an age. No trouble afterwards until birth. After removing debris I found the uterus well contracted, and about the size of a six months' fetus. I could not introduce my finger into the uterus. There appeared, and was, a perfect band around the neck. I gave her ergot to expel the placenta. No effect. Repeated and increast dose in twenty minutes. No effect. Two hours elapst. Tried again and again to pass my finger in uterus; no go. Waited six hours, trying all the time to get placenta. Gave large doses of morphin and ipecac; no good. Twelve hours: put her under influence of ether; could not overcome contraction. Second day: Did everything the books said: sponge tent dilator, hot douche, belladonna and everything the books did not say. No good. Placenta *there* and contraction perfect. Third day: Called in Dr. Scales, an old M. D. No good. Fourth day: Called in my brother, Dr. Smith. No good. Fifth day: Called in consultation Dr. Johns, of Leaksville. The same. Sixth day: Called Dr. Dandridge, of Madison, N. C., all to no purpose, and yet all workt faithfully. No hemorrhage from first to last. No discharge at all. Waited ten days; saw her each day, and then wrote to Prof. Ellerslie Wallace, professor of obstetrics and diseases of women of the "Jeff.," and told him what I had done and askt for advice. He wrote me that I had done all any one could do, and now his advice was to "watch and pray." Well, I did. Three weeks from birth I saw her at a tobacco barn one-half mile from home. I told her to "skoot" for home and to do as I told her to do, send for me at once if she discovered any show or stain on clothing.

In exactly four weeks I reacht her house, as I did one month before. Found her in a dead faint, blood everywhere, past thru bed to the floor and ran to the door; face and lips blue; no pulse at wrist, but could feel heart beat. Family thought she was dead. I made examination and found blood still pouring from uterus in a stream the size of a darning needle. Placed my finger against this stream and sent for Dr. Scales, the nearest M.D. Kept my finger in situ until his arrival. By the time he arrived she had recovered from faint, but no pulse at wrist. Dr. S. said that the placenta had been absorbed. I referred him to the size of the uterus. He made examination when I withdrew my finger, and the blood started afresh and another faint. He remarkt, tampon quickly. I said no; I am going into that womb. In twenty minutes I brought from her body the placenta with the edges very thick and about five inches across. It was just as fresh and free from smell as if the child had been just born. She made an uninterrupted recovery.

On the 9th of the second January following I was again called to see her in labor. On my arrival I found a live child born, and she flooding like the mischief. She was throwing herself from one side of the bed to the other and perfectly delirious. It was as cold as whiz, and as I could not wait, or did not wait to warm, I went in after that afterbirth. The uterus bound my wrist as with a cord of steel; remove my hand I could not without bringing everything with it. A million thoughts past thru my brain in that long hour that I was thus confined. I had her put under ether and then chloroform, and made my escape, and fortunately brought the placenta. My hand was swollen to an enormous size, and the ring around my wrist remained for two days. Her recovery was o.k. No more babies since.

Case Second: Mrs. James Suttenfried, of Mayodan, N. C., was delivered of a

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dead seven months child in 1885. Afterbirth adherent as in case first. Did not do anything after second day, and left instructions to send at first sign. Four weeks past, and not hearing from her I supposed all of her trouble was over, when to my surprise, eleven weeks and two days (!) from birth I was sent for, and on my arrival I do not think I ever saw any harder pains than she was having. In one hour after chloroforming her she expelled the placenta as fresh and sound as the day the child was born. She and case first did not suffer any kind of sickness from birth until placenta was discharged, and both of them are now strong, healthy ladies. Both, of course, have now past the "change." I have given names for fear some of my M.D. friends might think that I have "stretcht my blanket."

I have been at 1,700 births, used forceps five times, craniotomy four times, with only one death, and that from embolism. This last case had a convulsion during first stage, and was paralyzed on right side after convulsion wore off, and was never after in right mind, altho she lived three days. J. R. SMITH, M.D.

Stoneville, N. C.

Resuscitation of the New-born after an Hour and a Half.

Editor MEDICAL WORLD:—The other day, February 26, I had a somewhat unusual experience that may be worthy of recording:

Mrs. S., age 26, called me about 10 o'clock in the evening of February 25 to assist her in her second childbirth. Found labor evidently proceeding, but so slowly that I went home again (living only a short distance from patient), after leaving orders to call me when things got to be more promising. Was called about 4 a. m., February 26, and found more activ progress being made. By 7 o'clock head was well presented and engaged, but pains dying out; gave a hypodermic injection containing pilocarpin mur. $\frac{1}{15}$ gr., cocain $\frac{1}{10}$ gr., morphin $\frac{1}{4}$ gr. This is a somewhat new practise, entirely original with me as far as I know, but I like it far better than ergot, quinin or all other parturients. Pains increast, and by 8 o'clock a fair-sized female child, with an enormously large, flat head was born, apparently dead. Body had a bluish, wax-like appearance, lips and tongue almost black. As it laid in the bed the pulsation in the cord was very strong, and could be felt in the body. I did all I could to bring about respiration: slapt it, blew into the lungs, pumpt air constantly after the socalled Hall-Marchall method, but to no purpose. After about 20 minutes of this kind of work, pains coming on again, I was of course obliged to separate the child and put away the secondaries that now came away themselves. By this time a large bread or dough pan was brought in full of as hot water as could be handled; the child was put into this, and the air-pumping continued unabated for more than an hour, the water being renewed from time to time to keep it as hot as practicable. It did seem to be working a useless amount of energy, and every one in the house had given up all hope, including yours truly, who felt that he was only working for "effect," when lo! one and one-half hours after birth the heart suddenly gave a jump, started beating, then a few slaps and the breathing was soon establisht, and in a few minutes we had a lusty, howling young new-woman.

In similar cases go thou and do—as you please. F. A. HANSON, M.D.

New Sweden, Maine.

Milk in the Breast of the New Born.

Editor MEDICAL WORLD:—I have had an unusual experience in two obstetrical cases recently, which may be of interest, simply because unusual. In each case a girl was born, and a few days after birth I discovered the mammary glands of the child greatly distended. In the absence of even a single symptom of inflammation, I was at a loss to account for this sudden "rising," as the nurse termed it, in the first case, until it occurred to me that I had one of those unusual cases of milk in breast of the new born Gentle application of the pump confirmed my surmise. Of course, in the second case I was only surprised that I should again meet with so unusual an occurrence in so short a time—less than two months. It required the same treatment and almost the same length of time to stop the secretion that it usually does in case of a mother whose child is stillborn.

I am treating a case of splenic leukemia (so diagnosed by myself, and since concurred in by two other physicians, but without microscopical test). As this is also unusual, wish I had time to give the

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history of the case, which extends back several years prior to my treatment. I would appreciate very much any advice as to treatment, as I am apparently only deferring the fatal end.

G. T. COLLINS, M.D.
Highland Springs, Va.

Babe Born With No Mouth.

Editor MEDICAL WORLD: — I have rather a strange case which is possibly worth reporting. At a recent confinement, child was born minus a mouth. The whole lower part of face from tip of nose to point of chin was covered with a bloody tumor. It was semi-solid, in color and shape resembled a large ripe tomato; no opening at all. About half way from the ala of the nose, running toward the lobe of the ear, was an opening or rudimentary mouth. There was a tusk, resembling that of a hog, projecting from each corner of this opening. When the child would attempt to cry, spittal would ooze from this mouth, so I suppose it must have connected with the buccal cavity. Child lived fifteen hours. Otherwise it was perfect. The mother told me that six months previous she saw a woman whose mouth and chin were eaten away with cancer. Could this have been a maternal impression? I tried to gain permission to remove the mass after death, but this request was refused.

Bluford, Ill. G. L. TAYLOR, M.D.

My First Craniotomy.

Editor MEDICAL WORLD:—In my first year of practise, as I was riding a tired horse along the muddy highway, I was accosted by a maiden with tears in her eyes, who implored me to go and see her sister whom she said was dying. I hastened to the place and found a primipara in labor. Soon after my arrival the midwife told me her labor had lasted 48 hours. I could see that her pains were very weak from her exhausted condition. An examination revealed a normal vertex presentation, but there was no engagement of head in superior strait of pelvis. I manipulated her uterus, gave stimulating hot drinks and quinin, but the slight pains created could not engage the head. I left her a short time to go to office, 3 miles, to get forceps. On my return I found complete atony of womb. I applied forceps, but I could see when adjusted that the head was abnormally large and probably could not be delivered entire. However, I made traction as strong as I thought safe, and could not engage the head in the pelvis.

I sent at once for consultation, but as patient was irresponsible, the two M.D.'s seen refused to consult in case—owing to above reason, and possibly owing to conscientious abhorrence of infanticide (?). So I was left alone, unarmed with proper instruments, plus the lack of experience. But to sit by and see a woman die from neglect—I could not, nor would not do that. So after 20 hours delay, I proceeded to operate with improvised instruments: viz., a new screwdriver out of a carpenter's chest, ground to a chisel edge; this served as a perforator; a new, clean pair of ordinary wire nippers served me as a cranioclast. With these, and a small steel hammer covered with cloth to deaden the metallic sound, I operated, emptying womb of a 13 lb. child, which had evidently died hours before, having made no movements after my first seeing the mother. Upon removing the placenta I had the most alarming hemorrhage I ever experienced, to contend with. I tamponed womb and vagina with my right hand and arm, and thus partially controled hemorrhage until a messenger ran half-mile to neighbors, and procured some spirits of turpentine. I had an assistant to saturate a napkin with the turpentine and spread it over my left hand. On withdrawing my right hand and introducing left with napkin, the womb immediately contracted upon hand, pressing it out of cavity, leaving napkin. Soon womb contracted completely and I withdrew napkin.

The mother made a slow recovery, having considerable septic symptoms, together with retention of urin, requiring catheterization for 24 days. After two months the mother's health was about normal, save chronic cystitis.

Three years after this trying ordeal of motherhood, she was in good health, the sacrificing helpmate of a young, industrious farmer. J. KAMPLAIN, M.D.

Russellville, Ill.

Strychnin is one of the most valuable drugs in acute and chronic alcoholic poisoning. But it is only a temporary remedy, since it increases no function except that of reflex irritability, and it is to be remembered that such artificial stimulation cannot be kept up for any continuous length of time with actual benefit.

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Mercury and Pregnancy.

Editor MEDICAL WORLD:—I would like to say to Dr. Murphy (pages 103 and 104, March WORLD) that I have given calomel (one to five grains in divided doses) in fully two thousand cases of pregnancy without one single miscarriage or still-birth that could be attributed to the mercury.

Garza, Texas. G. G. AGERTON, M.D.

Notes.

I. After delivery, ligate with Kellog's funis ring, and you'll *never* have a bleeding cord.

Fold a four-inch square piece of absorbent cotton on itself, and at the center of the fold make a cut with your scissors about one-quarter of an inch long. Then open the cotton flat and refold at right angles to the first fold; at the center of this fold make another cut with your scissors one-quarter of an inch long. Open flat and you find a cruciform cut in center of the absorbent cotton. Pass the ligated cord stump thru this, dust with boric acid and let the nurse dress the baby.

The "granny" usually (in the country) likes to take a square of cotton, pucker it up about the middle and cut. This as a dressing is likely to slip. The above cruciform-cut hole will never slip.

II. Do not vaccinate a convalescent from tonsillitis, unless you wish a relapse.

III. Quinin is not an antiperiodic unless preceded by calomel or the like.

IV. Aconitin is "specific" in pneumonia when given in time. Do not get so happy over "curing" the pneumonia that you forget to give *big* doses of strychnin, unless in partnership with the undertaker.

V. If you still carry the old hard rubber thermometer case, drop into the bottom of it a few minims of 50 per cent. carbolic acid. If the antiseptic serves no other purpose, it will make you wash the thermometer before using every time, and if the antiseptic don't force you to wash the thermometer, the patient will; so in the end you get the same result—asepsis. H. A. S. Md.

Scarlet Fever.

Editor MEDICAL WORLD:—As to scarlet fever, allow me to speak from an experience extending over a period of about half a century, and which is not altogether in a line with our text books. I am well satisfied that this is a disease that is, and has been, largely over-treated or over-drugged. First we must inquire what is the pathological condition in this disease. In answer I would say: Aside from the external eruptiv manifestation, it is a disease wholly of the alimentary canal. As the eruption invades the face, neck and upper parts of the body, at the same time the same eruption appears on the mucous membrane in the mouth, throat, esophagus, stomach, etc., running along externally and internally down at the same pace. When the eruption invades the stomach, we have vomiting; and as it extends down to the lower bowel we have, lastly, diarrhea. The eruption in this disease is so great that the surface is almost denuded and the external air becomes a terrible irritant, not only to the external skin, but internally to the throat, tonsils and parts around them which are almost raw; so that in thea ct of breathing, the air passing to and fro over this raw surface brings on a terrible inflammatory action, which sometimes causes great destruction of the parts, and also extends into the auditory apparatus.

Now in the treatment of this disease, common sense will tell us what to do, and what not to do. I will say here and emphasize it, never, *never* give a purgativ after the eruption has made its appearance. If you do, you add an irritant to an already very irritated surface, and thus make a grave case out of what might otherwise have been a comparativly mild one. What to do in treatment is to apply some oily or greasy substance to the external surface to protect it from the irritating air. Internally we can not shield the surface in this way, but we can give cool mucilaginous drinks, and allow the little patient to have lumps of ice continually in the mouth. I would give the least irritating of our antiseptics, say 1-200 of a grain of bichlor. of mercury at short intervals. This is all aside from the good hygienic surroundings that I would recommend in the management of a case of scarlet fever, and this will generally carry them thru favorably. We must take into consideration that this is a disease that will run a certain course, do what we will. Therefore let us do no harm, if we cannot do any good. The mucous membrane of the alimentary canal is different from that of the air passages; so that the germ of scarlet fever will not live in the latter parts. This being the case, I have thought a tube inserted in the trachea, and that respiration being accomplisht thru that channel, might save the throat from taking on such destructiv inflammation. This I have never seen done, but I advance it as a theory that seems plausible. Measles, other than from the outside

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eruption, are wholly a disease of the respiratory tract, together with the lacrimal duct and the membrane of the eye; therefore when the eruption invades the lung passages, we have a dry hacking cough; and as it extends along the lacrimal duct to the eye, we have the inflamed and watery eye, showing that the germs of different diseases have a selection for parts. Scarlet fever being a disease of the alimentary canal, would cause it to be not very contagious, as it is a disease that cannot be inhaled, but is only transmitted by the exudation occurring in desquamation, and from carelessness is disposing of feces. The danger of the disease being transmitted to others thru the desquamated material can be prevented by keeping the surface of the body from getting dry by the use of grease all over the skin for some two or three weeks after convalescence. This I feel sure will prevent the disease from spreading even to those in the same room with the patient. Rancocas, N. J. W. L. MARTIN, M.D.

[The best modern authorities advise but little internal medication in scarlet fever, except for complications or special indications, the tincture of the chlorid of iron about the only routine drug of benefit, and it can frequently be excluded because the stomach will not retain it. It is well known that the eruption involves the internal mucous membranes in same manner as the skin, the tendency to nephritis showing the irritation developing in the kidneys. Your treatment of the disease is up to date, and we compliment you on keeping up so well with the times for a man of your age. We can not agree with you that the disease is *altogether* one of the alimentary canal, or that infection may be so easily controled. We would suggest that you add five per cent. carbolic acid to your vaselin or other grease used externally. Your suggestion of employing a tracheal tube antagonizes our ideas; we would not want to see it tried on a patient of ours. You already have a throat inflamed, hyperemic, and diseased from a well recognized infection; and any pressure by a foreign body would surely injure the tissues already deficient in vitality. Intubation or tracheotomy in diphtheria is not in possible comparison with your suggestion because this is performed to get air thru or below a foreign body, i. e., the diphtheritic membrane. The majority of physicians now attempt keeping the throat as nearly aseptic as possible by frequent spraying with an atomizer loaded with diluted peroxid of hydrogen, Dobell's or Seiler's solution, or similar mild antiseptic. The membrane so common in years gone by is seldom seen when such treatment is instituted at the start of the disease.—ED.]

Treatment for Cerobro-spinal Meningitis.—Pilocarpin for Erysipelas.

Editor MEDICAL WORLD:—In reply to Dr. J. C. Lindsay, in the March number of THE WORLD, page 111, will say that in 1873 I encountered a very severe epidemic of cerebro-spinal meningitis, and lost about 30 cases in three months. In the beginning it was easy to get consultation, and a number of the best physicians in the country were called, and the course of treatment suggested by each was carried out strictly in a number of cases with but one result—death. Finally, the people refused to call any more consultants, saying "they die just the same." Having to rely upon my own resources, I tried everything that I could imagin was indicated, and from my experience at that time learned to rely principally upon calomel and gelseminum, with a few other things, as indicated.

On first being called to a case I have the patient placed in a quiet, well-darkened room, and give from 6 to 10 grains of calomel every four to six hours until the bowels move freely; and at the same time I begin with either the fl. extract or tincture of the green root of gelseminum in from 10 to 20 drops (owing to the severity of the case) every hour until patient is thoroly relaxt and quiet, and then continue every two or three hours when the patient is not asleep, until the symptoms have all past. In the beginning it is often necessary to use chloroform to relieve spasm. Sometimes I give a dose of morphin, but never if it can be avoided, as I consider it contraindicated.

With the above treatment I had three cases recover completely and two partially toward the close of the epidemic of 1873, and have had a number of cases recover since that time. I find but few physicians who will give the amount of gelseminum that I do. It should be given on the same theory as an antidote for poison. Should Dr. Lindsay try the above treatment, I trust he will report the results.

In regard to the treatment of erysipelas,

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will say that I depend almost entirely on pilocarpin, and rarely make a local application, and never with iodin or tincture of iron, which I consider does more harm than good. J. J. TROUTT.

Nashville, Ill.

Veratrum, Locally, in Erysipelas.

Editor MEDICAL WORLD:—Apropos of the treatment of erysipelas, permit me to pass on to the readers of THE WORLD a local application which in my hands has workt very satisfactorily. It is simply to paint the affected area once or twice a day with Norwood's tincture of veratrum viride. It may be well known to others, but until given me by a colleag was new to me. It has produced quicker alleviation than any other treatment I have ever used. I say nothing of the internal treatment, as that will, of course, depend. M. J. BLIEM, M.D.

San Antonio, Texas.

National Medical Legislation? or State Reciprocity?

Editor MEDICAL WORLD:—I have been a subscriber to THE MEDICAL WORLD since 1887, the year of my graduation. The Editor has always championed the interests of the general practician and supported every measure that would increase his income or that would benefit him in any way. Now that the Editor of this widely-known and popular medical journal takes up the question of national medical legislation or state reciprocity, he should receive the support of all physicians of all schools in every state and territory in the Union. I believe that any M.D. having a legal right to practise in any one state or territory should be accorded the same right anywhere in this great domain—"the land of the free and the home of the brave"—without further question than the presentation of his certificate or license from the state or territory in which he received said legal authority to practise his chosen profession. THE MEDICAL WORLD is one of our greatest helpers and educators, and should receive the mental and financial support of our profession in general (in the way of subscriptions and contributions of interesting medical matter). H. J. CAMPBELL, M.D.

Glenwood, W. Va.

[Thanks, faithful patron, for your kind remarks. We are receiving many similar expressions, but we have room only for this as a sample. Concerning national legislation we have "shot in the air" long enuf. Please read editorial department in this issue.—ED.]

A Desperate Case of Carbuncle.

Editor MEDICAL WORLD:—Dr. Abbott's article, page 157 April WORLD, prompts me to take part in the discussion. If the Doctor would prescribe an ointment of ichthyol, forty to ninety-five per cent., calcium sulfid in liberal doses, he would avoid considerable use of knife. Carbuncles, if properly attended to from the beginning, are readily and successfully treated. The following case might be of interest to the WORLD family:

On February 15, Dr. I., age 75, in activ practise, suffered with a severe carbuncle for three weeks' duration, being attended by Drs. S. and B. He called me to his assistance, stating that his medical attendants had informed his family that his disease would prove fatal. The carbuncle extended from the post occipital protuberance, laterally to the sterno-c-mast. muscles, and below to the shoulder. The induration about the margin of the wound was about one-quarter of an inch. The surface was one mass of gangrene. Patient suffering great agony, pulse 130, temperature 103 2-5°, respiration 30, prostration extreme. Urin, spc. gravity 1,025, no albumin nor sugar; heart, left vent. dilated; mitral regurgitation. Prognosis very unfavorable on account of the systemic intoxication. Having carefully examined the patient, I requested my brother, Eugene G., to take immediate charge of the Doctor and give him a fight for his life. Treatment: Removal of all available gangrene and sluf, washing the surface with peroxid, then applying ichthyol ninety-five per cent.; ten cc. antistrepticoc. serum every twelve hours, strychnin nitrate $\frac{1}{30}$ gr. every four hours, sulfid of calcium one grain every four hours. Diet, eight ounces of milk every two hours.

The response to treatment was immediate. Within 48 hours the temperature dropt to 100°. The serum was discontinued on the fifth day, and at the end of ten days the entire surface was granulating. The ointment was modified to ichthyol thirty per cent., oleate of mercury twenty per cent.; the calcium was discontinued, and the phosphates of soda and lime substituted. The treatment was

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rather a mixt one, but the case was desperate. The Doctor received, to my mind, the benefit of all present known surgical and medical treatment. His convalescence was uneventful. The young M.D. and the nurse are receiving a great deal of applause. The ichthyol is abortiv in about seventy per cent. of the cases.

LIONEL C. CHARBONNEAU, M.D.
Brooklyn, N. Y.

Hot Air Treatment.

Editor MEDICAL WORLD:—Dr. White, in April WORLD, asks for opinion of the brethren in regard to hot air in rheumatic and articular troubles. I have used a Betz apparatus for the past five years, and find it satisfactory. It will not cure every case, but it will give better satisfaction than all the drugs in Christendom. It is excellent treatment for varicose ulcers, lumbago, angina pectoris, etc. Every doctor should have a good hot air apparatus.

E. HUBBELL, M.D.
St. Paul, Minn.

For the "Hot Flushes" of the Menopause.

Editor MEDICAL WORLD:—In answer to Dr. H. J. Boughton, of San Francisco, (page 166 April WORLD), I would recommend the trial of two or three drops each of tinctures of nux vomica and deodorized opium, as a combination which will relieve most cases of that kind. If that should fail, or if the patient is anemic, bromid of potash and tincture of iron will usually cure. I would never keep up the opium preparation longer than two weeks, as it will cure or greatly relieve in that time if at all. Long may THE WORLD live.

Marlin, Tex. J. W. TORBETT, M.D.

Editor MEDICAL WORLD:—To Brother H. J. Boughton, San Francisco, Cal., and other brother physicians having similar cases of hot flushes found in women after the menopause: The best remedy in my experience has been fl. ext. eucalyptus glob., continued for some time.

A. H. NIEMILLER, M.D.
Browns, Edwards Co., Ill.

Hot Flushes of the Menopause.

Editor MEDICAL WORLD:—Referring to Dr. Boughton's letter, page 166, April WORLD: Duboisine $\frac{1}{100}$ grain, five or six times a day, is as sure a cure for the hot flushes of the menopause as quinin is for chills.

Has Dr. Bruce (page 166, April WORLD) tried pulsatilla tr., five gtts. under negativ electrode, very mild galvanic current?

Warren, Vt. J. S. DODGE, M.D.

Treatment of Sciatica.

Editor MEDICAL WORLD:—Your editorial on sciatica in a recent number is short, sweet, and to the point. Now let me have a little say on this quite common and often very intractable trouble.

As to the diagnosis of sciatica: Functional trouble within the pelvis must be taken into account; muscular rheumatism can be excluded by the absence of pain in a set or a single muscle; then the points of tenderness along the course of the nerve from its exit to its final distribution will eliminate all other simulating troubles.

In adopting a plan of treatment, it is my custom to make a systematic examination of the urin for the purpose of determining the amount of urea excreted in 24 hours. Note the quantity of urin past in the 24 hours, take a 3 oz. sample of this amount and determin, with the aid of a Doremus ureometer, how much urea is being eliminated. If the quantity of the latter is below the normal, that is, if it is below 300 grains, I put my patient on piperizin, giving him 15 grains in the course of 24 hours, in divided doses, until the urea excreted reaches 400 to 600 grains a day. As to quieting the pain, one is often compelled to give an evening hypodermic of one-quarter grain of morphin; but, as a rule, the following will do all that is required in this respect:

℞

Antipyrini	℥j to ℥ij
Caffeini citratis	gr. x
Potass. bromidi	℥iij

M. ft. chart. No. 4. Sig.—One powder every half hour until relieved.

The above treatment, together with the external application of some good stimulating liniment, will head off the trouble if there is any rheumatism as a causativ factor. When, however, the normal amount of urea is being excreted daily, one may then with certainty dismiss his rheumatic theory and treat his case as one of purely neuralgic origin. Now, then, determin whether or not malaria enters into your case, and if it does (denoted by a periodicity), quinin in 5-grain doses, preceded by a little calomel, will have its

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good effect. The immediate relief of the neuralgic trouble I have found to be best obtained by the hypodermic injection (deep down near the nerve) of $\frac{1}{75}$ to $\frac{1}{50}$ of a grain of atropin. This injection is given near the exit of the nerve, just back of the trochanter. This may sound like a heroic dose of the drug, and it is a rather large one, but it "gets there." Your patient will, in all probability, be a little delirious, but that will pass off in a few hours as the atropin is eliminated. It may be necessary to repeat this injection before you get a cure; but I rarely find it necessary so to do. I have never had very good results in the treatment of this trouble from the use of blisters, nor, in fact, from any form of treatment aside from the above, with the exception of fixation by splints. Tonics are quite often necessary as a rounding out of treatment, and I have been able to do better by using the following than any other:

℞

Ol. morrhuae.
Spts. vin. gall.
Malt extract .... āā℥viij

M. Sig.—Tablespoonful after meals.

Wichita, Kan. CHAS. E. SCOTT.

What of Doctors Over Sixty?

Editor MEDICAL WORLD:—Altho at first not so intended, this communication has resolved itself into a "Plea for the Medical Sexagenarian." However, if thereby an awakening of my grizzled brethren to renewed ambition and appreciation of their position, in which they have so long "borne the heat and burden of the day," may result, the inclusion of this sentiment will not be regretted on my part. The passing of a generation presents to the physician's mind a subject of more than ordinary interest, even when it applies to the earthly sojourn of mankind in general; but in the more concrete form, as it affects the life and associations of the physician himself, peculiar conditions often manifest themselves, distinct and separate from the world at large. This has recently been demonstrated to me in a startling way as a result of tracing up the surviving members of my class of 1868. In culling the names for that year from the college catalog, and then referring to a recent issue of Polk's Medical Register, the fact is revealed that over 50 per cent. of the number who, on that joyous occasion stept forward to receive the documentary proof and public recognition of their title to the medical degree, have dropt from the ranks of practising physicians. It is the plausible presumption that death has claimed the greater portion of these, altho some may have been lured into less arduous and more lucrativ avocations. There is, however, reason to believe this latter class to be but a small ratio of the medical alumni when the thoro disciplin of the student, up to the graduating point, is considered. The dropping out is more likely to occur in the early days of freshmen life, when doubts of the vocation begin to rise and the glamour of the Aesculapian clepe grows less attractiv. This leaves but one inference as to the cause of depletion in the medical ranks. The "King of Terrors" has made his demands, and those who had enlisted in a life's service to give him battle have themselves been overcome, and half their number have fallen in "the war of thirty years."

And what of the half that yet remains? Are they as "eager for the fray" as on that proud day when the name of the "new" doctor was boldly swung to the breezes, or in diminutiv dimensions displayed on the office front? In a few rare cases, perhaps, the natural strength of mind and body is yet unabated, and the fires of ambition unquencht; but the majority are too apt to admit "we have had our day," and the responsibilities must now be left to the coming generation. The practical adoption of this opinion is, however, not so certain, and it is to be hoped will generally be rejected; for if the bellicose proverb is correct, "old men for counsel and young men for war," the days of our usefulness are by no means over, and the rewards of the professional life should be in the realization from garnered wisdom and the opportunity to practically bestow it. Our rapid American life has taught, and continues to teach: the first thirty years for growth, the second for work, and the third for death; a rule to which too many exceptions, both of premature and delayed decadence, can be cited to make it one of general application. Of the latter, while we have many in our own country, the most noted example in the world today is that of Dr. Rudolph Virchow. This great German pathologist, in his 81st year, is still active in his public and private life, promulgating the laws of hygiene in Berlin, which thru his efforts has become one of the

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cleanest cities on earth. His life should inspire all physicians who are now at the threshold of the third tricennium to await the ending, instead of the beginning, of this period before submitting to a voluntary cancel or transfer of lease on their share of the world's activities, to which everyone possest of a vigorous old age is justly entitled.

Meadville, Pa. J. M. COOPER,
Jefferson Med. Col., Class 1868.

Questions as to Eclecticism.

Editor MEDICAL WORLD:—As you are aware, I am a great admirer of THE MEDICAL WORLD, and do not often trouble you for special favors; but I hope you will indulge me this time, and I hope you will answer me in the next number of our WORLD:

First. Who founded American eclecticism? And when was it founded? Also, what difference do they claim in pathology?

Second. Why does there exist an antagonism between the regular school and themselves?

I must say that altho I belong to the regular school, I find some things admirable in the eclectic practise, so far as I have investigated. To them must justly belong the honor of discovering a vast number of medical plants, and we might say establishing a great therapeutic armamentarium which might be called *American*. Also, it appears to me that they are very successful practicians. I do not ask this information to excite discussion unless discussion may be the means of bringing to light useful facts. W. M. ALTER, M.D.

England, Ark.

[We will leave the first question to be answered by some fair-minded, well informed eclectic. In regard to the second question, perhaps intolerance, and perhaps persecution also, by the "old school" in the early days (days of arrogance and ignorance—these two qualities usually go together), was the first cause, or the cause at first, of the lack of cooperation by the two forces. However, there is no reason for any such lack now. In the ranks of the "regulars"—in the bosom of that great organized profession which, while it treasures the traditions of the ages, at the same time holds aloft the lamp of progress—an "eclectic" can now be as free to propagate and practise his principles as in his own "school." In fact, he can *propagate* his principles more effectually *in*side of the regular profession than he can *out*side of it. As it is, we are indebted to such "regulars" as Bartholow and Potter for the propagation of eclectic ideas in the main body of the profession. This magazine and its Editor have always been friendly to our eclectic brethren, as well as to all other honest and earnest seekers after scientific truth. Our sorrow is that all such are not in the same fold. The narrow intolerance of the past has been lost in the shadows of the past. Let all eclectics, homeopaths and "regulars" now be merely *doctors;* and all work together in harmony, each with the freedom that the present views of personal liberty grant to all.—ED.]

Editor MEDICAL WORLD:—Dr. A. E. Dalton's patient, April WORLD, page 162: I suggest that it is not sufficient to pass a probe "around the glans" to diagnose adhesions. He says there is an ordinary preputial opening. If so, and there are no adhesions, there is no reason that the glans should not be uncovered. I submit that the diagnosis is not satisfactory until the whole glans is uncovered. Smegma may be found behind the corona, causing the whole trouble, which cannot be relieved by any internal treatment. I hope that Dr. Dalton will let us hear the result if he carries out my suggestion, which I am sure is proper, even if it is negativ as to results. WM. CALDWELL.

Peterborough, Ont.

Two Surgical Cases.

Editor MEDICAL WORLD:—On October 26, 1900, L. C., a boy of nineteen, fell in between the two fly wheels on a saw mill engine while it was in motion, with the result that on every revolution of the engine his head and shoulders struck the base on which the engine rested. The humerus of the right arm was fractured in six places, and the face, scalp, shoulders and chest badly lacerated. As the patient was unconscious, I repaired the lacerations and set the arm without an anesthetic. I used the box splint on the arm. Patient made a complete recovery in about ten weeks.

On March 8, 1902, was called to see W. L., a man who, while digging a well, was struck by a falling timber, producing a wound of the scalp about four inches long, and a compound fracture of both bones of

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the left leg. I saw my patient in about seven hours after the accident; gave an anesthetic, reduced fracture and repaired the wound of the scalp. The wound of the scalp is well and wound of the leg about healed. I used the box splint on this leg.

I use a 1 to 1,000 or 1 to 2,000 solution of bichlorid to disinfect this class of wounds, and vitogen or boracic acid as a dusting powder. In nine years' practise I have never had a drop of pus from traumatic injuries thus treated.

Hampton, Fla. E. G. Corbett, M.D.

The Glycerinized Poultice.

Editor Medical World:—No doubt the ancient flaxseed or linseed meal poultice had its doubtful points and its shortcomings; still most of us have seen it do good work, nevertheless. Some of its worst features were its tendency to dry out and become boardlike, especially if spread thin, as is often desirable. Another drawback in warm weather is its proneness to sour quickly, which it does very soon.

Recently, having occasion to make quite an extended use of poultices, the idea occurred to me to combine glycerin with the hot water used in making the poultice, also dissolving about half a dram or less of boracic acid in the hot water just prior to mixing. The proportion of water and glycerin may be varied, according to the thickness (or thinness, rather) of the poultice desired, and the length of time it is to be on the patient. The thicker the poultice, or the shorter the time it is to remain, the less glycerin, and vice versa. To prepare a poultice which is to be spread thin, and which is to remain some time, say over night, at least as much glycerin should be used as water. Thus made and rejuvenated, as it were, the old standby becomes able to compete with new and expensiv substitutes, and still continue to do business at the old stand.

It is often advantageous, for example, in applying thin poultices to the chest in cases of pneumonia, to add ground mustard to the dry flaxseed meal before wetting, in the proportion of one part mustard to 16 parts flaxseed. No cloth is needed between the poultice and skin, as a glycerinized poultice will peal off like a banana skin. W. E. Ward, M.D.

Owosso, Mich.

Enlarged Prostate—An Apparent Cure.

Editor Medical World:—The writer thanks you for sending him the September number of The World for 1901. It was an article in that number which induced him to become a subscriber for the remainder of that year and all of the next. The article referred to was an appeal by Dr. LeRoy Moore, page 396, to the World's Brotherhood, for help in a case of enlarged prostate. Unless he has been more fortunate than the writer, he has lookt in vain ever since for a single response to his appeal, other than the appended remarks of the Editor.

Dr. Moore will doubtless be very glad to know that there is a remedy for the disease that goes by that name; not a remedy for the enlargement, nor a substitute in any way for the catheter, but a complete remedy for the sufferings that are engendered in that complaint.

The writer has for many years been a victim of that disease, but now, at the advanced age of 83 years, he suffers from it no more.

There are many palliativs, but incomplete remedies, for the reason that they do not reach the root of the evil and extirpate it. Only one complete radical cure is known to the writer, and that is exprest in three words: *Thoro local mercurialism.*

That others may be relieved of untold sufferings, hopelessly endured from the same obscure cause, the writer is more than willing to give to The Medical World and its Editor a very brief summary of his individual experience.

Relator has had an enlargement of the prostate gland 25 years, has been obliged to use catheter about 15 years. About six years ago (1896) his sufferings became so intensified by that disease that he was compelled thereby to relinquish the practise of his profession after having been activly engaged in it 52 years. About the same time had a single hemorrhage from the bladder of one or two ounces. To restrain further hemorrhages, injected a strong solution of Monsel's liquid bisulph. ferri. in water into the bladder *and its neck.* The effect was magical. All the pain and suffering endured only a moment before were instantly and completely relieved. The medicin caused a lesser and very different pain, which soon subsided entirely, and no pain whatever was left. A perfectly natural feeling followed in the pelvis and genito-urinary organs, as if nothing had

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previously been ailing there. After an interval of ease and rest, varying at different times from 12 to 36 hours, the same old pathognomonic pain would begin very gradually to return and increase to its former intensity unless another injection was interposed with the same result as before. Occasionally a sharp quick pain was felt within the pelvis, but could not locate it. This circumstance, together with the hemorrhage and persistent severity of pain led him for a time, to suspect that a cancer might be developing there. He did not, howerer, make known his suspicions to anyone else. After two years of suspense, seeing no further development in that direction, that idea was very willingly abandoned.

About four years ago (1898) first discovered that imperceptible mico-organisms were being eliminated continually from the genito-urinary canal; that their presence might be made manifest by an intelligent search for them, not in the urin, nor in the bladder, but at the meatus urinarius and its immediate vicinity, at any time in the day and every day in the year. After this discovery used bichlorid of mercury and other antiseptic injections, but with no better success than with the ferric solution. The micro-organisms, in somewhat diminisht numbers, continued to make their invisible appearance every day as at the beginning, for the next three years or more.

Several months ago the writer sought to mercurialize the entire mucus membrane of the genito-urinary canal by outward applications of mercurial unguent upon the whole of its perineal aspect. That inunction was continued until the unmistakable mercurial fetor was observed, after which it was discontinued. That treatment has resulted in what appears to be a permanent cure.

Compton, Cal. F. S. WHALEY, M.D.

[While the result of only a few months' duration in a single case is insufficient foundation upon which to establish a treatment, yet anything that gives any hope of relief in this very trying condition is heartily welcomed.—ED.]

Never abandon a case of tinnitus aurium till both the following formulas have been given an extended trial: (1) Dilute hydrobromic acid 1 ounce, water 3 ounces; a teaspoonful in water three times a day. (2) Fluid extract of cimicifuga racemosa in 30 drop doses three times a day.

Diabetes as a Cause of Pruritus Vulvae.

Editor MEDICAL WORLD:—In your advice to the doctor who has a case of pruritus vulvae to treat, you neglected to mention one very common cause of the disease, viz.: diabetes. My experience with local applications for relief was fruitless until I tried white lead and linseed oil, or formic acid, alum and borax, powdered and mixt thoroly, āā a teaspoonful to a quart of water, as a vaginal douche daily; and of course treatment for the constitutional condition causing the trouble.

I enjoy reading such articles, as they recall experiences of the past, and I often get new ideas without the trouble of hunting for them among cumbersome volumes of medical literature.

Pittsburg, Pa. R. C. BEATTY, M.D.

[Glad to hear from the veterans.—ED.]

Does Oklahoma Climate Produce Diabetes?

Editor MEDICAL WORLD:—I have under treatment at this time seven cases of diabetes mellitus. All have come to me since February 1, 1902. Within twelve months I have treated fourteen cases. I would like to know if this climate has anything to do with or is favorable to the production of this disease? Our water is first-class, and the climate is unexcelled. I am unable to account for so many cases in this otherwise healthy climate. However, my patients are doing well, and I have every reason to believe will ultimately recover. Any light you may be able to throw upon this subject will be greatly appreciated.

Woodward, Okla. J. M. WORKMAN.

Homeopathic Treatment of Venereal Warts.

Editor MEDICAL WORLD:—Among the editorials in the March number of THE WORLD, the Editor gives his treatment of this affection. I believe the Editor and his many admiring readers will forgive me for criticizing his treatment if I offer in substitution one which the homeopathic school has proved for more than one hundred years one which is certainly more rational and beneficial, and one which the readers of THE WORLD may verify over and over again within the coming year and give their experiences for publication. As Hahnemann said of homeopathy: "Put it to the test and then publish your failures to the world;" so I would say of the

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homeopathic treatment of venereal warts: put it to the test and publish your successes in THE WORLD. I believe a therapeutic critic should be forced to show a better way when he offers objection to another's method.

Hahnemann taught that these condylomata were, as a rule, due to impure intercourse, and were an outward evidence of a sycotic condition. The taint is as often an inherited one as due to contagion, but is invariably an evidence of a psoric or sycotic dyscrasia, and the mechanical removal of this evidence does not improve the health of the patient.

As a single illustration of our homeopathic treatment, let me advise the use of thuja occidentalis, or white cedar tincture, locally and internally. The tincture and its potencies may be procured from any homeopathic pharmacy, or can be easily made. Take a sufficient quantity of the twigs (better when blossoming) of the white cedar, whose flat twigs and leaves look as if they had been prest; pound or bruise them to a pulp and add two-thirds by weight of alcohol. Strain thru new linen and stand in a well-stoppered bottle in a dark, cool place for eight days and filter. This forms the mother tincture and represents a drug strength of one half. Make the third decimal potency and medicate sugar tablets with it.

In the treatment of warts, or condylomata, touch the warts two or three times daily with the mother tincture of thuja and give one tablet of the third decimal potency four times a day. The growths will soon begin to decrease in size, and a month or two of this medication will usually complete a *cure*.

Hahnemann taught that the outward manifestation of an internal disease or dyscrasia should never be suppresst or removed forcibly, but should be allowed to remain as an evidence of the curativ work of the similar remedy. This rule applies as well to chancres, the discharge in gonorrhea, leucorrhea, otorrhea, nasal catarh, the eruptions in skin diseases, as eczema, urticaria, etc.

The difference between the above treatment and that given by our worthy Editor is that thuja removes from the patient the sycotic taint which is producing the unsightly growth. It then stands to reason that many other benefits to health are rendered. It does away with the surgical procedure and the acid cautery. None of these sycotic conditions do well under cauterization, and the treatment at best is only suppressiv.

Why do we homeopaths use thuja? some of you ask. Because it is homeopathic to warts of all kinds, and especially to the venereal. In many provers warty growths appeared while taking the remedy, and clinical experience has verified thousands of times that warts rapidly disappear under the influence of thuja. In Hering's Guiding Symptoms in the pathogenesis of thuja we read: "A surplus of producing life; nearly unlimited proliferation of pathological vegetations, condylomata, warty sycotic excrescences, spongy tumors and spongy pock exudates organize hastily; all morbid manifestations are excessiv, but appear quietly, so that the beginning diseased state is scarcely known."

In advising the use of the tincturé of thuja externally and the third decimal potency internally, I do so in order to not tax the credulity of the beginner; but after he has demonstrated the efficacy of the remedy, I would advise him to try the higher potencies, assuring him that he will still find wonderful efficiency in the remedy, in that it will remove the warts and other sycotic conditions even better than the cruder preparations.

I have repeatedly removed large, unsightly warts from the face and hands, and have seen areas containing several hundred warts on the pudenda cured with thuja. It is painless, harmless, leaves no scar, benefits constitutional troubles at the same time and, like a popular patent medicin, "works while you sleep." Several cases are on record in our journals and text-books where thuja has removed warty growths weighing several pounds from cattle, leaving no scar to mark where the tumors had been. On horses it has done the same good work and, strange to say, in the same strength, or mildness, of dose as used in the human family.

If the old school readers of THE WORLD will study the pathogenesis of thuja and learn its clinical value, I am sure they will never be without it in their armamentarium.

HORACE P. HOLMES, M.D.

Omaha, Neb.

Communication received from "B. E. W., M.D., Wisconsin," with no name signed. Please read carefully the standing notices at the heads of departments. Name must *always* be given, as a guaranty of good faith, tho not necessarily for publication.

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Dr. Manning's Test Case.—What is Fever?

Editor MEDICAL WORLD:—I would prescribe for Dr. Manning's test case:

℞

Capsicum.....gr. xxiv
Quinin.....3i

M. ft. chart. No. xij. Sig.—One every two hours.

In this case we would like to welcome that great monster to the medical profession—*fever*. Let us define fever, and then we can the better arrive at a conclusion as to what is best to be done. We have sat in the amphitheatre of one of the largest hospitals in the country, where over three hundred medical students were congregated, and listened to a long and learned dissertation upon fever by one of the medical staff, and he wound up with the frank confession, "We know not what fever is."

"Fever: accelerated arterial action, with increast heat; an effort of nature to eliminate from the system morbific accumulation; a symptom of disease; reparation."

In Dr. Manning's case, the sooner we help nature ward off approaching death by reaction (*fever*), the sooner we will restore him to health. E. H. BURRIS, M.D.

Vienna, Ill.

Treatment of Goiter.

Editor MEDICAL WORLD:—I am still receiving letters asking for a definit formula for treatment of goiter. I must say I do not treat goiter by a fixt formula, but treat the patient afflicted with goiter, and without failure, by meeting indications suggested by physical conditions, temperament and diathesis.

Long ago I had a fine cow that came out in the spring with mammitis, or that condition known as garget by dairymen. Distrest at this condition, I counseled with an old dairyman who lived near. He advised me to "dig some garget root, known also as poke root; slice it and feed it to the cow in meal, and she will be all right. I did as he told me, with the result that in ten days the cure seemed complete: lymph nodes all gone, and the milk that was bloody and stringy was clear again.

This circumstance contained a suggestion. I rummaged every source at hand to ascertain further knowledge of the therapeutic value of phytotacca. The latest edition of the U. S. Dispensatory, *then 1858*, credited it with being an alterativ in small doses, and also as having been highly useful in granular conjunctivitis. Since that date I have been generally successful with many neoplasms: in simple goiter, unfailingly; if effuse, apocynum is added; if strumuous, an occasional small dose of protiodid of merc., etc., varying treatment according to the cachexia present. The treatment suggested will reduce goiter without unfavorable complications, as met with after the injection of iodin, etc.

Dundee, N. Y. D. A. JOHNSON, M.D.

Favorit Formulae.

Editor MEDICAL WORLD:—The following formulae, some original and some pickt up by the wayside, having proved of benefit in my practise, I submit them to the WORLD readers for their consideration:

GALL STONE COLIC.

℞

Gum guaiac.....3ij
Whisky.....oj

M. Sig.—One tablespoonful in water, after each meal.

NIGHT SWEATS.

℞

Dover's powder.....grs. viij

Sig.—Take at bedtime.

RING WORM.

℞

Hydrarg. bichlor.....grs. v
Alcohol.....ʒss
Oil sassafras.....ʒss

M. Sig.—Apply every other night till cured. In my hands has always cured by one application.

ERYSIPELAS OF FACE.

℞

Tannic acid.....3j
Pulv. gum camphor.....ʒj
Sulfuric ether.....3ij

M. Sig.—Apply by means of soft brush as indicated.

TOOTHACHE.

℞

Chloral hyd.
Camphor
Carbolic acid
Glycerin, ää.....3ij
Morphin.....grs. ij

M. Sig.—Use in aching tooth with cotton.

To remove powder stains, wash parts freely with pure glycerin. Never fails.

W. H. POINDEXTER, M.D.

Bells, Tenn.

Mosher, of Baltimore, has examined 1,655 cadavers to determin the frequency of gall-stones, regardless of the immediate cause of death. He has found that 7 per cent. of dead bodies have gall-stones. Schroeder, of Strasburg, found 12 per cent. in his post-mortem work.—Ex.

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Colorado for Consumption.

Editor MEDICAL WORLD:—I write to you in the interests of Dr. G. A. Rebman, of Wrightsville, Pa., who asks for advice. I will say, if he is in the first stage of tuberculosis, come to Colorado just as quick as he can make arrangements to do so. Select some place where the altitude is not over five thousand feet above sea level for a permanent residence. Then in a few hours he can go to an elevation of eight or ten thousand feet should he wish to do so. The oxygen and ozone of the Colorado climate is destructiv to the tubercle bacillus. By proper living, deep breathing and observing all the rules of hygiene, he will arrest the progress of the disease. In 1896 my daughter in-law came to Colorado in the incipient stage of tuberculosis. Her mother and father had died of the disease. She located in Delta, Delta County, living part of the time on a ranch six thousand feet above sea level. The disease has been arrested. She is now well and plump as a duck. Several other cases have come under my observation in this vicinity, in which the disease has been arrested. Some were apparently in a hopeless condition. Year in and out, I have never lived in such a climate as we have here. I have lived here six years: during that time we have had but one really cold winter; then we had a clear sky and sunshine nearly all winter.

Delta, Colorado. S. B. HOUTS, M.D.

Recovery from Consumption.

Editor MEDICAL WORLD:—For the benefit and encouragement of Dr. Rebman, I wish to give my experience: In November, 1894, I had a severe attack of la grippe which confined me to my room for nine weeks, and reduced me to a mere skeleton. I had an abscess in my left lung which bulged prominently in intercostal space. I would never submit to the knife for fear adhesions had not formed; but in a paroxysm of coughing it opened, and I coughed it up. I lookt like a consumptiv, I felt like one and everybody thought me one. I had taken medicin till I was nauseated to think of it, had eaten nothing but bread and milk for two months, and was despondent and in despair. I was already among the hills of Western North Carolina where they claim that the germs of tuberculosis are less thrifty. However, I gave up everything and came to my country home in Eastern North Carolina, the place where I first saw the light, which with plenty of outdoor exercise (horseback, etc.) and two tablespoonfuls of good corn whisky (no more) before each meal and two teaspoonfuls of hydroleine after each meal, has made a man of me and my lungs as solid as a brick. Seven years ago I had given up to die; I only weighed 120 when I gave up the ship; now my weight is 180.

I treated a case from Wilmington, N. C., on the same plan last winter and he writes that he is heavier than ever in his life. His family all died with consumption, and when he came here for treatment in November he lookt like a dead man, but he improved from the beginning. If cough is very troublesome I give syrup of wild cherry and rock candy syrup with the whisky.

If this treatment, persisted in, does not cause a change in one month, there is nothing else that will. I owe my life to it, after coming home to die seven years ago. I inclose $1.00 for WORLD. I have taken it for a number of years and am going to continue if I have to pawn my saddle bags to get the dollar.

WILL B. CRAWFORD, M.D.

Walter, Wayne Co., N. C.

Treatment of Rectal Diseases by the General Practician.

Editor MEDICAL WORLD:—I am pleased to note that the office treatment of rectal diseases is engaging the attention of recent contributors to THE WORLD, and also that the method of treating hemorrhoids by injections is obtaining favor. To any physician who has studied this subject sufficiently to be able to treat these cases *correctly*, the many objections and reports of serious sequelæ one sees publisht, appear more than ridiculous. There are many physicians who are opposed to the injection of hemorrhoids from "principle," but who know nothing whatever concerning this highly successful method, when properly employed. While the underlying principles of this method are fully subscribed to by all who practise it, certain details are sometimes varied by different practician. From Dr. Dodds' and Dr. Mason's articles, it is evident that both these gentlemen inject hemorrhoids while they are protruding from the anus. This method is, in some cases, especially when the tumor is large, not the best. The chief objection is that the return of

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the protruding mass is not always easily accomplisht; it may be painful, and the parts do not readily assume their normal position in the rectum after their return. I much prefer to inject them while in the rectum, in their normal position and relations to each other, and I never inject a hemorrhoid unless it is in its normal position. This can easily be accomplisht if a proper speculum is used, but it is next to impossible with many of the rectal speculums on the market. I use the Brinkerhoff speculum exclusivly, having selected it after having tried many other makes. Whatever else may be said of Brinkerhoff and his secret system, and questionable methods, the fact remains that he devised the best rectal speculum on the market today. This speculum is made by many instrument makers (many of whom have probably never seen a genuine Brinkerhoff instrument). Tiemann, of New York, makes it properly, but his prices are much higher than those of Max Wocher & Son, of Cincinnati, of whom Dr. Dodds speaks. In referring to the $13.50 rectal case made by this firm, Dr. D. fails to mention that they have two cases which retail for this price. One contains the O'Neill speculum, and the other the Brinkerhoff. The latter also contains an improved dressing forceps and an improved syringe, and was gotten out by this firm at my suggestion, and is known by them as the "Albright Rectal Set." I use this case and find that it contains all instruments needed to treat 95 per cent. of all cases.

In Dr. Dodds' first article, he says he uses Dr. Agnew's formula for injection exclusivly, and in his second article, after giving the Agnew formula, which contains Calvert's carbolic acid, he says he has never used it because Calvert's acid cannot be bought in less than pound lots. This is both contradictory and strange, for in this city, as well as practically everywhere, druggists are willing to sell any quantity of Calvert's acid, as it is kept in stock everywhere.

As to the table: Dr. Dodds recommends the Eureka. The word "Eureka," I believe, signifies "I have found it." The table looks it. My only objection to it is that it looks so cheap. It seems to me a cross between a temporary scaffold and a step-ladder; and whether he realizes it or not, I believe that any physician who caters to a refined class of people will lose money by having one in his office. To the practician who wishes a table that will fold so that it can be carried in a buggy for operations in patients' homes, it is well adapted, but rectal work need but rarely be done at any place but the physician's office.

While rectal diseases most certainly affect all classes, *hemorrhoids* are largely a disease of persons of sedentary habits—a class who can pay well for treatment. I believe that money expended in furnishings and equipment for an office is well spent, and one of the best investments a physician can make, if he is in business for revenue as well as for whatever glory may be attacht to successful treatment. No Eureka table will ever grace (?) an office over which I preside, and I most emphatically disagree with any physician who claims that any home-made affair will answer the place of a surgical table.

Besides hemorrhoids, other common affections of the rectum are rectal ulcer, fissure, fistula and rectal catarrh. Many of these disorders have a peculiar tendency to simulate each other, often in symptoms and sometimes in appearance. A polypus may be taken for a hemorrhoid, and if injected will promptly disappear, so that this error is of no consequence; but this is not the case with all rectal diseases. Each condition mentioned will in the vast majority of cases, yield to the proper treatment, but when improperly treated is often aggravated. In my opinion, and this opinion is strengthened by experience, the principal reason for failure in the treatment of rectal diseases, especially the injection of hemorrhoids, is that physicians attempt to treat them without a knowledge of the first principles of the subject. A physician sees some formula for injecting hemorrhoids, hurriedly compounds it and injects it into the first victim that appears. In many cases failure results, and the method is unceremoniously condemned. No one should attempt to inject a pile or apply radical means to any rectal disease, unless he is thoroly conversant with every phase of the subject, and able to diagnose a venous tumor from an arterial or capillary, and an external thrombotic from a cutaneous tab.

One of the severest cases of ulceration of the anal region I ever saw was caused by the injection of some compound into an external tab, diagnosed as a hemorrhoid. The doctor jokingly remarkt that he had

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"heard that they inject piles" and he "thought he would try it." Had he read the subject thoroly and studied it carefully, he would have known that external tabs, often resulting from a pile that has undergone spontaneous cure, should never be injected. There are so many details, rules and fundamental principles that must be borne in mind, that to detail the information and instructions absolutely necessary to any physician who wishes to treat these cases successfully, would require much more space than is at my disposal here. The section on Rectal Diseases and their Treatment in my book, "The General Practitioner as a Specialist," contains over 20,000 words; yet I have attempted to avoid all useless verbosity, be as brief as possible and yet supply all the essentials to differential diagnosis and successful treatment.

I have to-day received a letter from Dr. Geo. M. Burdett, of Lenoir City, Tenn., in which he concludes a report on a case that is truly remarkable in many particulars. A patient of his had been suffering from rickets for forty years, staggered when he walkt and could not ascend or descend steps without assistance when he took charge of the case. He had rectal prolapse and hemorrhage from the rectum on the slightest exertion. Bowel would prolapse as large as a fist. Had five hemorrhoidal tumors, some of which had invaded the arteries, and from which blood spurted out to the distance of several feet. He had chronic diarrhea for twenty years and consumed four gallons of blackberry cordial *each year* during this period to control it. The Doctor cured the piles by injections of different combinations of carbolic acid, having used the Agnew formula and simply carbolic acid and purified sperm oil in 50 per cent. solution. The latter solution he found less painful—in fact, painless. He also used pure carbolic acid in the arterial tumor at my suggestion and the patient suffered no inconvenience. This case is now entirely cured. No piles, no blood, no prolapse, and most wonderful of all, the rickets have almost entirely disappeared, and the patient walks anywhere and everywhere he chooses and has no staggering gait nor any trouble whatever. This illustrates how rectal diseases are responsible for many conditions that one would not usually associate with it, and how they disappear when the rectal trouble is removed. The Doctor says a recent examination revealed a rectum as smooth and healthy looking as if nothing had ever troubled it. The patient is so grateful that he is in correspondence with his nephew, a physician in Texas, and has offered to pay all his expenses for a trip to Tenn. to undergo treatment for hemorrhoids, from which the doctor is suffering. J. D. ALBRIGHT, M.D.

900 North 48th St., Philadelphia, Pa.

Injection Treatment of Hemorrhoids.

Editor MEDICAL WORLD:—As I have used the injection method in the treatment of hemorrhoids for the past twenty-two years, I was much interested in the letters from Dr. Dods on that subject, which were publisht in the February and March numbers of THE WORLD. I can fully agree with him as to results, both as to cures and the freedom from the unfortunate results that others have so often mentioned, but I want to assure those who are investigating the subject, that these cases do not cure themselves; and before they have finisht a year's experience they will have learned more than is publisht in the two letters I have mentioned.

Hemorrhoids are like burns—of three degrees, according to their depth. In the first degree I would say, go ahead; in the second, be careful; in the third, *look out.* There are two degrees in another way; that is, the distance of their bases from the anal opening, for the lower inch of the rectum is exquisitly sensitiv, while the next is not. After an inquirer has watcht a patient pace the floor for two hours he will appreciate this.

The selection of the cases, then, has much to do with our success as to cure, and the avoidance of pain. There are many other things to be learned by experience; *i. e.*, large hemorrhoids will be more easily held up than small ones, therefore when your patient is better he will often be worse. That is, the tumors will come down more easily, become strangulated and bleed more. Then the treatment often gives the desire for stool, and as soon as the patient is out of your office he will go somewhere and have a movement, the tumors will be larger, he will not be able to put them back, will resort to all kinds of devices to reduce them, all to no benefit, and either you will be sent for—which is not the rule—or he will return in three or four days looking as if he had been thru an attack of typhoid

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fever with hemorrhage, and also looking for your scalp.

Some years ago—fifteen, surely—I had a tubular speculum made for me that I have used ever since with much satisfaction. It is about three and one-half inches long, one inch across the open end, and half an inch across the end which is introduced, and which is solid for half an inch. A slide on one side extends from the large end to the solid part at the small end. This speculum is small, can be used without an anesthetic, and can easily be carried in the pocket. I will gladly answer any questions on these points if I can. I sometimes use my speculum for a treatment; oftener *not*.

There are many things besides hemorrhoids that inhabit the rectum.

I have used many solutions for this work, and have about concluded that it is the carbolic acid that does the work, and all additions have been but additional troubles. I have never used the Agnew formula, but will. Carbolic acid and glycerin, equal parts, have done most good and least harm for me.

HARLAN P. COLE, M.D.
926 Main Street,
Hartford, Conn.

A Personal "Siege" of Smallpox.

Editor MEDICAL WORLD:—By your permission, I will submit a few statements respecting my recent experiences with a few cases of smallpox and varioloid:

In the evening of January 29, 1902, Alva W. Fillips, aged 21 years, at the home of his sister, Susan M. Fillips, about a mile east of Ringos, N. J., complained much of severe pain in the head, back and throat, and showed alarming signs of muscular weakness. I was called to see him the next morning, and visited him at 10 a.m. The temperature of the body was high, his breath fetid, the emanations from the body offensiv, and the pain in the head and back intense. At once I suspected smallpox, and set things in order to prevent, as much as possible, the spread of the ailment. Disinfectants were freely used in the house in which he lay, upon my clothing and body, and anywhere else where a possible need of such might be. At noon of January 30th, vomiting of a very severe character began, and continued at short intervals, until the evening of the next day. Delirium and an inability to express what he had clearly in mind characterized especially the first three days of illness. In the beginning of the third day, floridness of the face, neck, arms and hands, was very noticeable. A few hours later, a fine rash, soon followed by papules, appeared on his face, wrists and hands. Along with this was much swelling of the entire head and neck. The swelling of the lips, tongue, palate, tonsils and epiglottis soon became alarming, as deglutition was difficult and respiration greatly embarrast. The tonsils and palate were now in places slufing; the salivary glands and the mucous follicles of the mouth and throat were pouring out large quantities of offensiv, tough, ropy spittle, which was deeply tinged with blood. The edema of the epiglottis and glottis so greatly impeded respiration that we feared death from asphyxia before the end of the fourth day. With every mouthful of saliva and slufs from the throat came much blood; and at this time, with the urin, he past large quantities of blood. On the fourth day, vesicles were very numerous and very rapidly developing. In the beginning of the fifth day, pitting of the vesicles was, in places, very distinct. The fetor of his breath and the fetid odors emanating from his body were now appalling. The while hemorrhage of the throat and kidneys was increasing and fast lowering the vitality of the patient. At 6 a.m., of February 5th, he died of hemorrhage of the throat and kidneys. At midnight of the same day, I, assisted by his sister, Susan M. Fillips, who had been his devoted nurse, prepared for burial and interred the body.

I should not omit the statement that this patient, on the 27th of January, to undergo an operation for the removal of the nail from the great toe of his right foot, was in the St. Francis Hospital, at Trenton, N. J., anesthetized. How much the depressing effect of that anesthesia may have lowered the vital force of his system and rendered it less resistant of disease is a grave question.

In the morning of February 11th, Susan M. Fillips, aged 32 years, who had been vaccinated in infancy, sickened. The pain in the head and back, the high temperature, sickness of the stomach, muscular weakness and characteristic fetidity of the breath and other emanations of the body, at once boded smallpox. The most alarming conditions in her case were the swelling of mouth, throat and larynx, and the

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profuse flow of saliva and tough, ropy muco-purulent matter from her throat, which was soon attended with slufing of the palate and tonsils, which, however, proved amenable to treatment. The characteristic rash, papules and vesicles in due time appeared, progressed mildly and ended without serious pustulation.

The same day that Miss Fillips sickened, I felt the first symptoms of an ailment which I suspected to be varioloid. Tho I had been thrice vaccinated and had once before (in the winter of 1865) suffered varioloid, I was certain on the second day of my illness that I was in the initial stage of smallpox in some form. To prevent the spread of the ailment, I at once arranged for a messenger and supply service, and had the manager of the printing office of the Fonic Publishing House to take me to the home of Miss Fillips, thereat to await the development of the disease and the while, if I possibly could, to nurse Miss Fillips and any other members of her household who might suffer the ailment, to the contagion of which they, as well as we, had been exposed, tho not to the same extent. To learn what ailed me, I had not long to wait. Indeed, before I was taken to the quarantine, vesicles were appearing upon my forehead, wrists and back. Of my condition during the following two weeks, it may be sufficient to state that during the first three days I was sick enuf. The extra work I did at home putting things in order preparatory to going to the quarantine to suffer smallpox or whatever else I might have, illy fitted me for what I was to undergo. However, during the first twenty-four hours my condition was such that I did some things in waiting upon the sick and preparing for things which were yet to come. But much which I did was done by staggering as I walkt, or vomiting as I went from my couch on one side of the room to the bed on the opposit side, or to the bed in the room across the hall, in which lay Andrew H. Hillier, a child six years old, then sickening of smallpox, under the care of his mother, Mrs. Viola P. Hillier, who, like the rest of us, had been exposed to the contagion in the case of her deceased brother, Alva.

In the morning of February 15th, Mrs. Viola P. Hillier began to suffer the well-known symptoms of smallpox, and in three days was covered with a rash, soon followed by the characteristic papules, to be succeeded by the equally characteristic vesicles and pustules. The disease, in both the child and the mother, developt regularly and fully. In the case of the child, the vesicles were abundantly developt upon all parts of the body; in most places they remained discrete. In the mother, so numerous and so strongly developt were the pustules that over the entire face and over the shoulders, hips and thighs they were confluent. So much involved in pustules and so much swollen were the eyelids that her eyes were closed for four days.

In the morning of February 14th came to help nurse us Mrs. Mary Fillips, the mother of the deceased young man and of Miss Fillips and Mrs. Hillier. She had been vaccinated February 6th, and was then suffering the vaccine disease in full force, having a large, flourishing pustule, the scab of which was more than half an inch in diameter, surrounded by a large area of fiery redness, containing an abundance of healthy pus. In fact, so thoro was the vaccine disease in her that from her shoulder to her fingers the entire right arm was swollen very sore and very feverish. Upon the 24th of February Mrs. Fillips shed from the vaccination upon her arm a scab as large and as well developt as any I ever saw fall from a normal vaccination. Upon the 25th day of February she sickened of varioloid, had well pronounced the characteristic symptoms of that ailment—the pain in the head and back, muscular weakness, vomiting, rash and papules, but did not develop vesicles.

In the treatment of these cases, thoro ventilation was rigorously maintained. The beds were either placed between opposit windows, which were, much of the time, kept fully open, or else so placed that the head of each was directly against the wall, under a window, which, during storm as well as during fair weather, was kept well opened. To protect the body against the chilling effect of inflowing air, plenty of bedclothes were used, along with good stoves kept hot by the combustion of much coal.

To refrigerate, we used ice and snow freely. To cool the head and prevent or lessen delirium, an urgent need in most cases, ice applied to the head and neck answered well. To cool the stomach and assuage irritation of that organ and parts near thereto, pieces of ice as large as could be swallowed were freely taken, with good

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results. After the fourth day, ice cream taken at short intervals, cooled the mouth, throat and stomach, soothed irritated, inflamed and suppurating surfaces over which it past, proved acceptable to the stomach, and supplied the needs of the system.

Medication was, in each case, ordered to meet exigencies as they arose. As anodynes morphin and zomalsyne were used —the latter proving very satisfactory in all cases in which it was used, and especially so in the case of Miss Fillips, in whom heart failure at one time seemed imminent. Aqua creosoti, to quell the irritability of the stomach and bowels, and to correct the ill condition of the contents of the stomach and bowels, proved very efficient and most acceptable to the patients. A solution of carbolic acid in water (2 drams to the pint) seemed efficient in clearing the mouth and throat of vile accumulations, in soothing irritated, inflamed and slufing surfaces, in lessening the tumidity of swollen parts, in rendering deglutition easier and the fetid breath less offensive. By the patients this solution was often asked for at short intervals. The same solution, as a wash, frequently applied to the entire body to allay itching and to hasten the maturation of the pustules until desquamation was well establisht, seemed very grateful to the patients and highly beneficial. An ointment of carbolic acid, sulfur and lard (carbolic acid, sulfur, ää one dram, lard 6 drams, making an ounce mixture) applied with a feather seemed effectual in allaying itching, in softening and loosening the scabs, and in greatly lessening the pitting so often seen in the cases of those who have suffered this ailment.

Of the patients herein mentioned, Mrs. Mary Fillips had been vaccinated early in life and then again on the 6th of February, 1902; Miss Fillips in infancy, and I in early childhood, again when about 15 years old, and again when attending cases of smallpox in 1865, at which time I suffered varioloid; Alva, while a small boy, had, with other school children, been subjected to the vaccination process, but in his case it was not successful; neither Mrs. Hillier nor her child had been vaccinated.

It may interest some of our readers to know that when the nature of the ailment suffered by the first patient was certain, I began to take regularly, and had the other members of the household to take regularly, sulfur, aqua creosoti and the solution of carbolic acid. The aqua creosoti we continued to take for a number of days. Sulfur we took up to and during the early stages of illness. The solution of carbolic acid we took continually until we were well.

By the 20th of March those who survived had made good recovery. The quarantine was then raised. I resumed my usual vocations, Miss Fillips returned to the school-room, and the others resumed their several lines of work.

In these cases, the pitting of the pustules was less than in any other cases I have seen, owing, I think, to the free use of carbolic acid.

Ringos, N. J. C. W. LARISON.

[At the first appearance of smallpox, everyone exposed should be *immediately* vaccinated. Mrs. Mary Fillips was doubtless saved from smallpox, or varioloid, of a much more severe form than she suffered by her vaccination on February 6. Dr. Larison's attack would have been avoided or made much lighter than it was by prompt vaccination. A hyper-susceptibility to the smallpox poison was amply proven in his case by three successful vaccinations and an attack of varioloid previous to 1865. Since that time the susceptibility had gained some force or "accumulated" again. Prompt vaccination of the other three exposed, immediately after diagnosing the first case above mentioned, should have been done. We can scarcely understand such neglect. The value of the above contribution is in showing the consequences of not promptly doing the right thing. In the presence of such a loathsome and dreadful scourge as smallpox, don't stop to ask how long it has been since those exposed have been vaccinated, but *vaccinate all immediately;* also disinfect, preferably by formaldehyd fumes, and do everything else possible to stamp out the scourge. It is no time for questioning, hesitating, or half-way measures, as the above experience amply proves.—ED.]

A Curativ Treatment for Dandruff.

Editor MEDICAL WORLD:—Because of the infectious nature of dandruff, it must be treated on an antiseptic plan. First of all, the comb and brush must be disinfected frequently, preferably once a week. This can be accomplisht by washing them in a lysol solution of 1 per cent., or using for-

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maline of 1 per cent. strength, with soap and warm water.

The scalp in those subject to pityriasis, eczema, seborrhea, defluvium and alopecia, needs massage. This is well met by rubbing the scalp every morning with the finger tips. Let the friction be vigorous. Oscillate the skin on the underlying occipito-frontalis aponeurosis. Keep up the movement for three minutes. Then plunge the head into cold water, or place it under a shower spray, and dry thoroly. This is a wholesome stimulant, increasing the blood supply to the hair follicles which after all is the most essential element in combating follicular atrophy, for it is not the oil on the hair that nourishes it, but the blood at its root.

Once a week or once in two weeks, as the need may be, wash the scalp with warm water and germicidal soap (P., D. & Co.), which contains 2 per cent. mercuric iodid. Remove all trace of soap and apply the following medicated oil:

℞

Thymoli	gr. j
Olii lavendulae	mv.
Hydro-carbon oil	℥ij

M. Sig. Rub ℥j in palm of hands, and apply to hair.

Twice or thrice a week, after the massage and douche, apply this:

Resorcini	5 parts
Acidi salicylici	1 part
Alcoholis	50 parts
Aquae rosae	q. s.—100

Treatment of this nature should be continued for at least three months, then occasional washings and the resorcin lotion be resorted to indefinitly.

Germicidal soap is admirable also in the treatment of pediculosis, both capitis and pubis. It kills the parasite and its ovum. The only objections to it are its poisonous nature if eaten, and the roughness it produces on the hands. This latter is entirely avoided where hydrocarbon oil or vaselin is used immediately afterward.

"CALIFORNIA."

Success From Serum Three Years Old.

Editor MEDICAL WORLD:—I wish to report a case of diphtheria treated by the use of antidiphtheritic serum. I presume you may say, that is nothing new; but did you ever hear a report of the use of antidiphtheritic serum after it had been kept over three years?

Case: On January 1st, 1902, I was called to a family in which two members had diphtheria, and used serum good to March, 1902. On January 3d another member of the family developt the disease and the same treatment was used on the evening of January 4th.

A child, aged 3 years and 8 months, was then taken with the same disease. By this time I had used all the serum I had, or all that could be obtained in town. More was ordered, but could not reach here before Monday the 6th. The condition of the child was growing very serious. I felt that by Monday the child would be beyond help or dead. My hope lay in an old bulb of Parke, Davis & Co.'s antidiphtheritic serum, over three years old, the yellow label bearing the mark "1,000 units." I decided to use it. I knew I could do no harm, as the child for hours had not been able to swallow, nor from the first could the nurse get it to take any medicin. I used my three-year-old bulb, and in six hours the little one took a teaspoonful of milk. Improvement and recovery followed. Not one drop of medicin was given up to this time.

The facts in this case are very briefly stated, and that all the cases were diphtheria can be, and has been, proved beyond a doubt.

A. O'NEILL, M.D.,
Howell, Mich.

Tobacco Heart. What is it, and What its Treatment?

Editor MEDICAL WORLD:—It is fitting to seek the columns of your journal to answer the oft repeated inquiry, "What is a tobacco heart? Before answering directly, however, it were well to state a few facts, preliminarily, relative both to the heart and tobacco.

First: The heart, tho not a unit in structure, yet is it in composition largely of muscular tissue.

Second: Its situation is within the left chest, and the weight in an average sized man is about nine ounces; in a woman of like physique, about eight ounces. Moreover, it is divided into four cavities; the two upper are known as auricles the two lower as ventricles. By the alternate contraction and dilatation of these receptacles is the blood, having been oxygenated in the lungs, sent to all parts of the organism. Now the perfection by which this physiological function is accomplished depends upon the normal, vigorous condition of this "fountain of life."

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Concerning tobacco it is authoritativly stated that, besides a variety of ingredients entering into its composition, "the microscopical examination of a tobacco leaf shows its surface dotted with minute glands, which contain an oil, found in no other plant, the proportion of which being 7 per cent. of the weight of the leaf." This oil is known as "nicotine" and it is this alkaloid, the active principle of the plant, one of the subtlest of poisons, that, united with ammonia, ever more or less present, imparts the pungent odor and determins the strength of tobacco.

We are now prepared to speak of the toxic, or poisonous effect of tobacco, its therapeutic action not to be considered in this connection. Nicotine, in a word, primarily lowers the circulation, quickens the respiration, and excites the muscular system; but its *ultimate* effect is general exhaustion. As administered even in the minutest doses the results are alarming, and in a larger quantity will occasion a man's death in from two to five minutes.

"The effect on the heart," in the ordinary uses of tobacco, smoking and chewing, "is not caused by direct action, but rather by paralyzing the minute vessels which form the batteries, so to speak, of the nervous system. The heart freed from their control, increases the rapidity of its strokes, with an apparent accession, but *real* waste of force."

The longest nerve emerging from the base of the brain, the pneumogastric, supplies with its numerous branches, the motive power for the functional activity of lungs, heart and digestive apparatus. Tobacco acts injuriously upon this nerve thruout its extensiv distribution, producing relaxation and paralysis more or less complete, in proportion to the degree and extent of its use, of the involuntary muscles, as applied to the vital organs just mentioned. Proof of this indirect invasion I have repeatedly observed in the congestive cough and dyspeptic symptoms, more or less manifest, in connection with a well pronounced "tobacco heart." The characteristic signs of the latter are more than the rapidity of its strokes; nervous palpitation, waste of vital force and irritability being always present, and one of the most conspicuous effects is irregularity of the heart's normal, rhythmic, pulsations. By the prolonged use of tobacco, hypertrophy, or thickening of the left ventricle, or even the entire heart, may obtain by the disturbed innervation and over action of this organ.

The treatment is, for the most part, negative—total abstinence; even the disappearance of the hypertrophy, says Osler, may take place upon the discontinuance of the use of tobacco. This, together with a proper observance of the laws of hygiene, and occasional doses of strychnin, prescribed by a competent physician, may suffice for a complete recovery.

FRANK D. MAINE, M.D.

Springfield, Mass.

Require the Formula on the Bottle or Box.

Editor MEDICAL WORLD:—I see a good many articles in your journal on how to help the doctor and patient. Here is a way: Make it obligatory on *all* to put the formula on the box, vial, or package; no medicins of any kind to be administered or sold without the formula attacht; or patients treated in private sanatoriums, except the remedies used be given; state chemist to examin, as in Germany, all advertised remedies. This would clean out all patent medicins, except those really useful. No patents to be allowed on any remedy to foreigners or our own people. JOHN A. ELLIOTT.

Northumberland, Pa.

[The above is a little too sweeping. In private practise it is sometimes desirable to either prescribe or dispense remedies not known to the patient. This requirement would be desirable on all medicinal compounds *exposed for sale*.—ED.]

Squirrels Again! and Rabbits.

Editor MEDICAL WORLD:—In regard to the question of castration among many small animals, notably squirrels, I can say I have seen them do so. I have killed them in the Allegheny Mountains, the Rockies and upon the Pacific coast. In each of these widely separated districts I have seen them with one testicle torn away, but never both absent as far I remember. The pain and collapse from bleeding usually suspends the fight for the time. I have the same trouble to contend with among my Belgian hares. The males fight as soon as allowed to get together. I find the testicle dragging and sometimes so injured that I cannot replace it, but must content myself with coupling the edges of the wound and allowing a valuable "buck" to do service in that condition. Females fight each other viciously,

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but do not damage each other further than the loss of some fur. A male and female seldom fight, but will usually chum together on the best of terms as soon as they recognize their difference of sex.

By the way, have you ever tasted a Belgian hare, full blood, when properly served? I consider it far ahead of any "game" or other meat to be had. I keep about fifty on hand all the time. If the food "bucks" do not castrate eachother, which of course seldom happens, you should "caponize" them yourself, because it improves their flavor. You feed them the same food as you give your horse, besides certain vegetables from the table, either cookt or raw. In getting "foundation stock," pay a little more and get high grade animals and you feast "right."

San Francisco, Cal. J. J. WETZEL.

Ergot and Digitalis in Pneumonia.

Editor MEDICAL WORLD:—I notice in your last issue a communication from some one of your family of contributors recommending ergot and digitalis in pneumonia, saying that he had been using this combination for two years with success. I have often thought, when reading THE WORLD, that I would "jine the band," but a very busy life in general practise has taken my time and strength so that I needed spare moments for rest. Lately I have been too ill to attempt to write. As I am now convalescing and trying to keep still and behave myself, I would like to "speak in meetin," if I may be permitted to tell my experience. In a general practise of thirty years I have demonstrated some things I think of value to the profession, and one of them is the treatment of pneumonia, as suggested by the brother above mentioned. I have treated pneumonia with ergot, digitalis, nux vomica and gelsemium for fifteen years, and during that time have never lost a case. This is a "large" story, but absolutely true. I think in that fifteen years I have had at least a hundred cases, ranging from infancy to old age, and some of them not seen until apparently hopeless. This treatment is simply common sense application of remedies. Pneumonia is stasis of blood in the lungs. I pay no attention to the fever. Remove the cause and you have no fever left, and to remove the cause you must reestablish normal circulation of the blood. Contract your blood vessels with ergot and strengthen your heart with digitalis and nux vomica, using in addition as occasions may require, strophanthus, carbonate of ammonia or other expectorants, but the keynote of success is the use of ergot and digitalis. I have so much confidence in this treatment that pneumonia has lost its terrors to me. I would like to have the "family" try it. This brother before mentioned has got hold of a great truth—one that will not fail him. With this treatment you will have *no heart failures*, but steady improvement from the first twelve hours in most cases, and in the worst cases in from thirty to thirty-six hours. Recent attacks can be aborted in from twelve to twenty-four hours. Of course the bowels and general conditions otherwise must be lookt after; sponging and hand rubbing the skin; and I still use turpentine, camphor and fresh lard over the entire congested area and wrap the entire upper portion of the body with cotton batten. Perhaps I do the latter because of habit, but I know it is an aid, and so I keep it up. But the two important points are to brace the heart and nervous system and contract the blood vessels. I hope your family will try this treatment, and if it does not work as I say, you can draw on me for a long subscription to THE WORLD. Facts are stubborn things to contend with, and experience develops facts. The main thing is to be willing to accept truth, no matter where we find it. Pathies cut no figure with me. Altho "brought up at the feet of Gamaliel," I am and have always been after the thing or treatment that would perform the cure. I don't think my time has been spent entirely in vain. I have been present at the birth of over twenty-one hundred (2,100) children, and all in general practise. In future, if permitted to be a "jiner," I will speak of some of my experience in this line. I have ridden these prairies for twenty-five years, sometimes, in the early days before roads were establisht, by the light of the stars, taking my direction from them until I could reach some place I could recognize. I used to go to Chicago every fall for post-graduate work and to keep up with progressiv medicin; and now I think it time to take a rest and tell the brethren how I cure goiter, hernia, cancer, pneumonia and various other ills.

But I must stop wearying you. First try my treatment for pneumonia which I am glad our brother has discovered. It *will not* fail you if used properly. Before closing, permit me to say that THE WORLD

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pleases me all around. The position of its Editor on current issues, I most heartily endorse, and I thank him for his independent, manly course. Yours for good citizenship in every profession and duty of life. WM. A. BENTLEY, M.D.

Bismarck, N. D.

[This communication reacht us too late for April issue, and May is rather late in the season for articles on pneumonia. But we make an exception in this case, to encourage busy men to become "jiners." Yes, join the band of willing contributors to this, *your* magazine; to these *your* pages. If you were spending an evening with several medical friends you would "speak out"; you would tell what you have been doing, and how you did it. The glory of the medical profession is that its members have no secrets from one another. Each one is eager to tell what he thinks will help his brethren to relieve suffering and cure disease. An issue of THE MEDICAL WORLD is like a chat with your medical friends, only time and distance are annihilated, and the chat takes place in your own office, at your own convenience. Dr. Bentley, don't be too busy to join in the chat. We hope that the brethren will make a special memorandum to try your treatment for pneumonia next fall and winter, and report results. In the meantime, let us know how you "cure goiter, hernia, cancer," etc., if you can really "cure" these diseases. We always want to hear from *busy* men. They have something of value to say. Some mediocre men with not much to do, develop a "penchant" for writing, and want to rush into print with a report of every case that comes into their hands. We want the *generalized* experience of men who have done and are doing much practise.—Ed.]

We have the examination questions of Pennsylvania and Michigan in type, intending them for this issue, but unfortunately they are crowded out. They, and perhaps others, will appear in next issue; and those of other states will appear right along from month to month. This will give our young friends an idea of what will be expected of them by the different state boards, and it will give the profession in general an idea of the standard maintained in the different states.

The most reliable emetics are apomorphin (hypodermatically); ipecac; turpeth mineral; sulfate of copper; and powdered alum.

Strongly acting cathartics always leave a tendency to constipation, which is more than annoying when they are habitually used. Rhubarb is perhaps the worst of this class; senna and cascara are less objectionable.

Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—Mrs. R., age 45, has been ill five years from a strange tenderness of her tongue, which makes it very difficult to take nourishment. Mrs. R. expresses the sensation, "As tender as my eye." Anything containing salt, or being sour, she cannot take, because the pain in the organ becomes so great that it makes her feel faint. The sensitivness is present at all times, but about once in three weeks it becomes aggravated, and then the poor woman loses what little she had gained in the intervals of less pain. The surface of the tongue is mottled; some parts being quite red, and others very pale. In the red spots the papillae are raised, and this portion is traversed by cracks, which are not very deep.

I used first a weak solution of pot. chlor.; next hot water; last a solution of silver nitrate. The hot water and silver nitrate gave relief for a time but not for long. I have given tonics principally, and foods; they keep up patient's strength, but that is all. Patient complains also of a feeling of numbness of hands and feet and extending up the legs to half way up the thighs. I thought this due to her weakened condition, but as a sister of hers suffers from similar feelings in the legs, there may be another cause for that. I have examined lungs, liver and urin, but find nothing wrong in these, except that the liver is small, and all the sounds of the lungs are weak. At times patient has great craving for food, which, however, she cannot satisfy, because

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of the condition of her tongue. She is actually starving slowly. I consider her trouble one of those peculiar ones coming on at or about the menopause, which cannot be managed by ordinary remedies, or not at all. I would be very grateful if some of the profession could throw light on this peculiar condition.

Croghan, N. Y. L. ROUCHEL, M.D.

[Do not place too much reliance in local remedies. Your tonic treatment is all right. We would suggest thoro purging by salines, followed by medication, per rectum. What is condition of her teeth, if natural? and if false, how does she keep them? Frequently the teeth are responsible for stomatitis, gingivitis, and glossitis. Read all up in any modern work on medicin. Try rinsing mouth with peroxid of hydrogen, a tablespoonful to twice the quantity of water. If she wears false teeth, have them kept over night in a saturated solution of boric acid in water, after thoro scrubbing with soap and water. You can use bromids and valerian by rectum, and with judicious local measures can cure the symptom. You might even feed by rectum for a time.—ED.]

Editor MEDICAL WORLD:—Is eczema a parasitic disease? With a microscope of 800 diameters I have not been able to discover a microbe.

N. Y.

["Eczema is an acute, subacute, or chronic, noncontagious, inflammatory disease of the skin, characterized primarily by erythema, vesicles, papules or pustules, and secondarily by scales and crusts and accompanied by itching and burning" (Gould's Cyclopedia of Medicin and Surgery). No evidence of parasitic origin has ever been discovered in connection with any of the forms of eczema.—ED.]

Editor MEDICAL WORLD:—Please give best treatment for female urethritis, when it proceeds from other causes than uterin displacement or acidity of the urin. In the present case I think it proceeds from cold, as she never has it except after taking cold, and in weather favorable for taking cold.

Va. W. F. M.

[The best treatment for such cases is absolute rest in bed for a few days, elevating the foot of the bed six inches on bricks. Thoro purging with Rochelle salts, which seems to have some selectiv action on the bladder and urinary secretion under such conditions. Free use of water internally. A diet of nothing but milk. Salicylate of sodium is a good remedy. If our patients obey instructions they are well in a couple of days—until the next attack of "cold."—ED.]

Editor MEDICAL WORLD:—What is the direct cause of afternoon rise of temperature in incipient tuberculosis? Is it due to the extra amount of albumin being used up by the tuberculosis germ, thus generating more heat?

Davis, W. Va. IRVIN HARDY.

[It is generally admitted that the elevation of temperature is due to the toxins elaborated in the organism by the infection, but thoro search of numerous authorities gives us nothing on which to base a further reply. We say no to your second question, it being answered as well as is possible above. Good idea to follow this investigation, Doctor. Our time is taken up with less technical matters, but we will gladly give you space for publication of any researches. No authority to which we have access tells why the elevation of temperature occurs in the afternoon, but the subject is interesting, and practical.—ED.]

Editor MEDICAL WORLD:—Will you kindly inform me in your next issue when and by whom was sulfate of atropia first used hypodermically in opium or morphin poisoning? I used it hypodermically in 1871, and also wrote an article on the subject, which was publisht in the Virginia Medical Monthly for January, 1875.

Richmond, Va. THOMAS J. RIDDELL, M.D.

[We have searcht the records, but can not find any thing definit. We suggest that you write Prof. H. C. Wood, University of Pennsylvania, Philadelphia, Pa. Dr. Wood has been an expert on drugs and therapeutical records for many years, and has taken an active part in the preparation of the U. S. P.—ED.]

Editor MEDICAL WORLD:—I would be glad to have some suggestions for treatment of a married woman, aged about fifty. Mother of ten children (eight living). Physically strong, good appetite and digestion. Generally able to attend to all her duties. Her chief symptom is at night; wakes up with palpitations, which sometimes bring on distress and mental suffering. Several of these attacks prostrate her very much. She is subject to neuralgic pains, especially in left side, and she fancies heart trouble, of which there is no decided symptom. She has tried many things, and I would be glad to hear something you might suggest. J. PEACH, M.D.

Mitchellsville, Md.

[Purge her thoroly with Rochelle or Epsom salts or effervescent citrate of magnesia, and repeat frequently, when indicated by gaseous formation, or cardiac palpitation. Control excessiv eating, and

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regulate diet, excluding potatoes, fresh bread, and other too starchy foods. Have her eat but two meals a day, and chew every particle well. Forbid use of any fluid at meals, but permit one cup of weak tea or coffee after meals if she has been accustomed to it. Give her full doses of strychnin and the least irritating bromids, combined with fluid extract of valerian in forty minim doses. Explain to her that a stomach dilated with gas presses on the heart and causes palpitation, and that indigestible food will cause such gaseous formation. Get control of your patient, and her appetite and bowels, and then follow with full dosage of such digestants as pepsin or pepsin compounds, or pancreatin, and keep her quiet with nervines, and she and yourself will be satisfied.—ED.]

Editor MEDICAL WORLD:—Case No. 1: C. W., age twenty-nine, farmer, always had excellent health except has a rheumatic tendency, and gets an occasional bottle of salicylate and alkalies for his rheumatism, which usually sets him all right. About three years ago a peculiar itching of the skin began to trouble him when he got heated up. For example: He goes to work in the morning, and as he gets heated up, this terrible itching commences and will last about fifteen minutes; and as he gets heated up to sweating it all disappears. The skin at this itching time is raised like a papular condition, and if he scratches then they will raise about the size of a split pea. The skin from head to foot is like this—arms, legs and body. At first this only troubled him once a week, but of late it may affect him twice a day, and he may be free for a few days or a week. He is almost sure to have a bad spell if his body gets chilled; consequently this winter has been his worst, but he even had it last summer thru harvest, and naturally is afraid of it greatly troubling him this summer if it is not cured. His skin, other than the itching times, is smooth and clean, no appearance of rash or roughness, and is apparently normal. I have tried him on rheumatic treatment, as the salicylates, alkalies and iodids; also quinin, arsenic, etc., and have kept his bowels freely moved by the sulfates, calomel, etc., but nothing that I have done has seemed to help him, as he is getting worse. His digestiv organs seem all right; has good appetite and food seems to digest well, and he is apparently an extra healthy man.

Case No. 2: A young man of nineteen years, troubled about seven nights a week with nocturnal incontinence; been troubled for ten or eleven years, and last summer he tried me for help; previously tried nothing but patent medicin, as he was ashamed to go to a doctor. I have tried atropin and belladonna to their physiological effect and kept it up for several weeks; also strychnin till his jaws stiffened; also ergot, rhus aromatica and bromids. Have tried these separately and in combination. Have tried to regulate his other habits, as little drinking at and after evening meal, sleeping on side and on hard bed. The best I have succeeded in doing is, when I change his medicin from one thing to another he would be all right for two or three nights, then back again as tho medicin had lost its effect. Can Editor or any of the family help me out in these cases?

Heathcote, Ont. J. SHULTIS, M.D.

[Case 1 is a manifestation of the lithemic diathesis, as you have already diagnosed; but you must keep him on steady and continuous treatment if you hope to make any permanent impression. You seem to have covered internal measures thoroly; now persist in them, and add local treatment. Have him take alkalin baths daily, such as a thoro sponging with bicarbonate or hyposulfite of soda solution, or dilute solution of ammonia water. We would suggest in addition that he be kept all summer on a course of lithia, potassium bicarbonate, salines, and enormous quantities of drinking water. Insist on water "internally, externally, and eternally." He has lithemic urticaria, and you will cure him by persistent and continuous treatment.

Case 2.—We would circumcise the young man at once. Do it thoroly, so that the operation need not be repeated. Keep his urin bland by acid or alkilin medication as indicated by frequent examinations. Use the salines freely for purgation. A towel tied around waist, with knot on back, will prevent his turning on back in sleep. Raising the foot of bed six inches by blocks placed under lower posts often acts admirably. Have him rise to urinate every time he wakes. Exclude rectal parasites. You have compast the case pretty thoroly, and we must compliment you on your nerve as a persistent and courageous therapeutist; but we must suggest milder and more continuous use of one line of drugs. Make a great impression on his mind by the operation, and a lecture with lots of medical terms in it, and full dosage of drugs suggested; have him to think, as the laity often do, "That doctor tore me down, and built me up again." You are a better therapeutist than you are a diagnostician. THE WORLD will always be glad to help you, and we hope to hear from you at any time you "hit another chestnut." You might let us know by private letter how you come out with these suggestions.—ED.]

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Editor MEDICAL WORLD:—E. H. M., male, nine years old, about two weeks premature birth, mother's labor being induced by long car ride and over-exertion. Labor was natural but protracted; child was a fine and healthy strong baby up to one year old, when probably owing to a sudden change of climate from San Francisco to the hot, dry interior, he contracted inflammatory diarrhea, which reduced him from twenty-two pounds to twelve pounds in eight days time. From this attack he was about two months recovering under strictest diet and nursing.. About the age of eighteen months the first spasm occurred, which was presumed to be due to errors of digestion, and was soon forgotten. However, we began to notice that about every six months a similar spasm, or rather an unconscious state lasting for a few minutes, would occur; only occasionally would there occur spasmodic actions of the entire body just at the close of the attack, when he would entirely relax. Only once did we notice any decided spasmodic contractions. This attack lasted just sixteen minutes; the last five or six minutes the contractions were evidently principally of the left side; this was at age of seven years. From all of these attacks he recovered to normal health and strength within forty-eight hours. I have lately noticed a rise in temperature to something like five or six degrees. I think that in every case he must have had more or less fever. The last attack began on February 26th, since which time (to March 13th) he has had three mild spasms, and has shown none of his former tendency to recuperate. Complains of pain in postparietal region. There has been some cold in head, but not yet very catarrhal in character. Complains sometimes of ear hurting, but not severe. Two of the last three attacks occurred at night, with a temperature of 103½°, both occurring in the small hours of the morning. Child is mentally very bright and advanced. Physically he is tall and emaciated.

Now as to details of the spasms: The child has been languid; sometimes not; may be sitting or standing when we notice a peculiar stare of the eyes; entire body is immovable for some seconds; gradually a rigidity comes in entire body; complete unconsciousness; jaws firmly set; fingers and toes flext, head thrown slightly backward, muscles of respiration contract and arrest breathing often for some seconds. Muscles of abdomen rigid; urin often expelled; sometimes cyanosis. Toward the end, movements of cheek and tongue expelling saliva.

I would like to know if any of the great WORLD family can help my only son, whose trouble is the cause of great anxiety and worry to his mother and myself. I also wish to add that the ancestry on both sides for as many generations back as can be traced are all of good mental and physical health with no indications whatever of diseases that might be hereditary.

VERDI, Nev. W. LE MOORE.

Editor MEDICAL WORLD:—I would be very grateful to you for information as regards the combination of sweet oil, chloroform and aq. amm. fortier. I wish to make a combination of these. In what proportion shall I combine them in order to make a perfectly stable solution?

Can a man live with one lung? If so, which lung gives the patient the best chance for recovery? M. A. BLANTON, M.D.

BAILEYTON, Tenn.

[A man can live with either lung well consumed if the lesions have healed. See any work on anatomy. The air space does not differ greatly in the right and left lung. You can not make a stable solution of the drugs named, unless by the aid of emulsol, manufactured by The Bristol Myers Co., of New York, N. Y. This preparation holds all oils in emulsion. You might write them for information.—ED.]

Editor MEDICAL WORLD:—I lost a case a few days since that puzzled me, and would like for you to give me a diagnosis. A boy aged seven had been complaining for a day or two of itching, sore throat and eyes. Was put to bed in evening saying he was tired. I was called the following morning and found him with a temperature of 107½°, face dark red; the cheeks the darker, with a gradual shading off to a brighter red on forehead, a few pimples on forehead; conjunctivitis and stomatitis both as severe as I ever saw, and sore throat. The next morning, temperature 104°, pulse 150; stomatitis and conjunctivitis worse, throat symptoms mild, and a measly rash from head to foot. The rash was in groups about four inches in diameter. I noticed some small vesicles the size of pin head on bottom of feet and palm of hands. Next morning, or the third day after taking his bed, found the patient with a temperature of 103°, and in addition to rash, found blebs from the size of thumb nail to as large as palm of hand scattered all over the body, more numerous on breast and back. They were not distended, but flabby and easily broken, and were filled with an almost clear fluid; also small vesicles on forearms and anterior portion of leg. When one of these blebs broke, the skin assumed a wet tissue paper appearance. Next day, temperature 103½°, pulse 60. No improvement in any of symptoms. Palms of hand and bottoms of feet were solid blisters. Well, to make a long story short, whenever there was any friction these blebs became raw places; and in spite of every precaution he became raw from shoulder to hip behind, and most of breast and abdomen in front. His legs and arms never became raw. The rash assumed a dark hue about the end of first week, and then faded gradually until death, but did not disappear.

Patient was stupid after second day, but could be roused at any time; he took liquid nourishment well. About end of first week suppuration commenced, and there was an offensiv odor. During the whole time there was no tendency of the skin to heal, and a few days before death there appeared dirty yellow crusts on face apparently where the skin had not been broken.

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There were only a few pimples on elbow and knee-joints; skin healthier there than anywhere on body. Conjunctivitis and stomatitis slowly improved. Temperature from 101° to 103°, and pulse 56 to 62 during last week. He died just two weeks from time of taking his bed. There was no trouble from hemorrhage at any time. Was inclined to be constipated, but calomel and soda would move bowels nicely. Kidney action seemed to be all right.

Treatment mainly supportiv. Fowler's solution and deod. tinc. opium in 1½ drops, strychnin $\frac{1}{100}$ gr. 6 hours apart. Greased the body with lard and sulfur at first, but changed to lard and carbolic acid. Also used oxid of zinc and bismuth. Increast the strychnin until we were giving $\frac{1}{75}$ gr. 3 hours apart. Also gave digitalis, 2 drops 6 hours apart. Kept him on greased sheet all the time. My consultant first diagnosed pemphigus, and later on pemphigoid purpura. I could not agree with him, but was inclined to think it a severe herpetic dermatitis of a mixt variety. Am much pleased with WORLD.

R. L. GREER.

Norwood, Tenn.

[The early symptoms suggested a malignant form of measles, but the after developments do not sustain that theory; and as the attendants do not mention a thought of measles, perhaps that disease was not present in the vicinity at that time. There being no urgency, as the patient is dead, we will leave this case to the deliberate discussion of our readers.—ED.]

Editor MEDICAL WORLD:—I have excessiv secretion of saliva. Please prescribe for it.

J. W. COOPER, M. D., West Point, Ga.

[Increast flow of saliva is but a symptom in various affections, and its treatment will depend upon the cause which, when diligently sought out, is to be met with appropriate remedies. Local tongue or mouth affections are common causes, but insufficient cleansing of false teeth or deranged digestion may permit it. False teeth should be thoroly scrubbed every night and placed in a saturated solution of borax. The best local treatment is to rinse the mouth with potassium permanganate solution, followed by holding potassium chlorate solution, one to forty, in the mouth for several minutes several times a day. Astringent solutions used as gargles are often beneficial; tannic acid, alum, chlorid of zinc in strength of two grains to ounce, etc., may be tried. Glycerite of borax is soothing. Internally: Iron, chlorate of potash, the mineral acids, and hydrastis are all the drugs worth trying. Atropin, hyoscin, belladonna and opium are generally failures. Fetor may be controled by weak solutions of chlorinated lime. These, of course, are all make-shifts until you find the exact cause; then the treatment must be directed to the cause, but these suggestions will at least give you relief.—ED.]

Editor MEDICAL WORLD:—My wife, aged 39 years, has been in poor health for several years. Her weight at marriage was 180 lbs., now 220 lbs. About a year ago I discovered that she suffered from a fibroid (or fibro-myomatous) tumor of the uterus. She is the mother of two children, the younger aged 14 years. She suffers little and seems in fair health when she keeps perfectly at rest; but a short drive or long walk, or even a ride on the train or any other movement that tends to jar her body at all will cause great pressure, and pains about the back and loins, especially on left side, also over the pubes. Her bladder is also irritable at such times, which causes frequent micturition. The tumor can be plainly felt above the pubes. She menstruates more frequently than in former years—about every three weeks—tho it lasts only about two days if she has been restful; longer and more profuse if otherwise. The tumor has certainly been growing for some time past; and I fear it is also increasing in size at present. The abdomen seems to increase very greatly in size just before menstruation, and goes down after that time is over. In fact, the tumor itself seems to vary in size greatly at different times in the intervals between her periods. This puzzles me somewhat. Kindly be particular to give me your opinion as to cause of this seemingly very great variation in size of tumor (remember I do not mean size of abdomen merely). She is inclined to the rheumatic diathesis; also had quinsy formerly. She has been lately better in health, due to complete rest, I think. On examination per vaginam the cervix uteri is difficult to reach, being very high up, and seems to be tilted forward.

I have consulted several of my medical (or surgical) friends, and in addition to the reading in my own library, I procured lately and read a work on Uterin Fibromyomata, by Bishop, of Manchester, Eng., reprinted in Philadelphia. Have read everything anxiously that I could conveniently get hold of, but would in addition like to have your opinion and advice. She would like from you the best advice (without advising operation). I may add that ergotine seemed to do her more harm than good, causing more pain and hemorrhage at menstrual periods. Have her taking small doses of bromid, iodid and mercury bichlor.—the latter in very minute doses. Our great object is to carry her to and thru the menopause as gently and easily as possible, and so far complete rest has seemed to do more good than anything else.

Excuse this rambling and jumbled letter; for I have written word for word from her dictation, as it was her wish that I should do so.

As nearly as I can diagnose it, the tumor is a

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sub-peritoneal one; if not, then I think it must be interstitial; tho I much prefer to think it the former. J. W. RENWICK, M.D.
Courtland, Ontario, Canada

[We have had considerable success in fibroid tumors of the uterus from the continued use of thyroid extract, and most prominently in cases that were complicated by obesity; the gland, you know, is a recognized remedy for this condition, alone. Carefully exclude a distended bladder, and intestinal distention from gaseous fermentation; for we have seen many experts "fooled" on these points. Keep bowel action regular by salines. See that urin is not more than faintly acid. If you treat her properly and continuously, you may tide her over the menopause, when all chances are that Nature will adjust the case. Say to your wife that we appreciate the confidence she places in us. She has been fortunate in having a good physician for a husband. We possibly might help you more if we were with you, but now do all we can, and are always anxious to do all we can for distant members of the "family circle," which now covers the globe. The Natural Body Brace Co., of Salina, Kansas, U. S. A., might furnish an appliance that would help her. Fibroid tumors never vary in size suddenly; if there be change, it is gradual growth or slow diminution; hence we hope that you may be in error or at least partially so. Ergot could hardly increase menstrual flow. Has thoro uterin exploration been made by your consultants? Has complete rectal, vaginal, and abdominal examination been made by skilled hands? You have not told us quite enuf on which to give authoritativ opinion, but we do the best we can, and will gladly hear from you again, if you make communication concise, complete, and clear. Examination under an anesthetic should decide the variety to which the tumor belongs. You should keep up the anti rheumatic medication. We hope that you may be able to carry her over the menopause without operation, and will be glad to hear from you after a few months of thyroid treatment.—ED.]

Editor MEDICAL WORLD:—I have a little nephew who is now 28 months old and has no testicles (visible). Are such cases common? Will they yet come down? If not, will they cause any trouble? I will be glad to know what any of the readers know about such cases.
Texas. M. L. C.

[Such cases are not rare. We cannot say of this case whether they will "come down" or not. Only careful examination by an expert surgeon will determin this. The best authorities state that "the abdomen, or inguinal or peritoneal canals may be the retaining place of the testicle. If retention be maintained, you may expect arrest of development, fatty or fibrous degeneration, and sterility." Many cases are benefited by operation; but only a good surgeon could determin whether such operation be advisable, and only after a thoro examination. We would suggest getting an expert at once, tho he may suggest waiting till near puberty before operating. If we could see the boy, we might tell you more; but we surely would have an expert specialist see a nephew of ours under like circumstances. Will be glad to know the outcome of the case.—ED.]

Editor MEDICAL WORLD:—I have a case of eczema in a child; was noticed when it was only two days old. It is now about three months old. The entire system seems to be affected. The nose is clogged with an accumulation, very tenacious, making it quite difficult to breathe. I have tried arsenic, cod liver oil and calcium iodid internally, with the several kinds of ointments. The latter acts as direct irritants. I have gotten better results from calcium iodid than anything else. If you or any of the family can offer any suggestions they will be highly appreciated. J. G. ARRINGTON, M. D.
Laguardo, Tenn.

[We suggest the use of an efficient atomizer, using liquid vaselin or some of the other excellent fluids our advertisers commend for the relief of the accumulation of mucus. If you select the vaselin, you must add some mild antiseptic; probably you would do better to use some of the advertised mild antiseptic solutions prepared specially for inhalation. This would be our suggestion for local medication. We would not commend further inunctions, but would suggest some ethical preparation of cod-liver oil. The best treatment for such cases is to cut out several "masks" from good chamois skin, and after cleansing the face thoroly with pure glycerin, apply plentifully oxid of zinc ointment. The mask is made with eye, nose and mouth places, and is not taken off except for purposes of cleansing. It is gently bound to head. No water is used unnecessarily, but the skin is cleansed with glycerin, pure, or diluted with water. The appliance is unsightly, but efficacious if it is continued a sufficient

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length of time. We think the calcium iodid good, and have no criticism to make of the handling of the case. If any member of the family has anything to say—it is his turn.—ED.]

Editor MEDICAL WORLD:—Please give formulas for:

Williams' Pink Pills, Kondon's Catarrh Jelly, British Oil, Wizard Oil.

Does anyone know whether the taking of two of the following tablets a day one day in a week will prove injurious to the user?

℞

Acetanilid.....gr. ij
Camphor monobrom.....gr. ss
Caffein (pure).....gr. ss

Mix. Make into one tablet.

University Place, Neb. S. J. SMITH, M.D.

BRITISH OIL.

Take of—

Petroleum ..... 4 oz.
Oil juniper..... 4 dr.
Oil turpentine ..... 4 oz.
Oil amber.....16 oz.
Linseed oil.....48 oz.

Mix.—Secret Nostrums and Systems.

Editor MEDICAL WORLD:—Will you or any of the many readers of your journal please give me some help on the following case? Lady, age about 36, miscarried last June. I was called and found her very pale, and complained of ringing in her ears, dimness of vision, and with a very profuse hemorrhage. I went to work to save her. Gave hypodermic of ergotin, used cold wet cloths on abdomen, but still hemorrhage continued. Gave injection of perchlorid of iron, diluted, and this controled it. All went well until the 26th of December, when she went thru the same ordeal again. Since that time she has become very weak and anemic; with all of the symptoms of general prostration. I have given her strychnin, iron and quinin. Heart's action became very weak, for which I gave her digitalis and belladonna fl. ext. 2 gtts. of each every four hours. Her liver seemed to be inactiv, for which I gave calomel and soda, of each 1½ grains every eight hours, until I got a good action. I then put her on fl. ext. hydrangea and aletris cordial, saying nothing of many things of which her husband and others did by way of encouragement in order to induce her to talk about something else except herself and her condition. After she takes a drug a few days, she claims that it is doing her no good, and wants to leave it off; in fact there seems to be a general despondency or hysteria.

Lively P. O., Ark. W. H. BARHAM, M.D.

[The nervous despondency or hysterical element is not a feature of the hemorrhage itself. You have a case of menorrhagia, and quite likely the other symptoms are due to it, rather than they to them. A thoro curetting would probably do her good, but it might need to be repeated in two or three months. The menorrhagia tablet of Hirst's formula sold by all tablet makers will check the flow after proper curettment. You must keep her on her back in bed and very quiet. It is often well to raise the foot of the bed. Oil erigeron is a fine adjuvant to treatment. Exclude uterin fibroids by careful rectal and vaginal examination under ether, in all positions. Use tonic treatment and enjoin caution in coitus, and you will cure her if she has not endometritis or fibroid tumor.—ED.]

Editor MEDICAL WORLD:—Will you please assist in my treatment of a case of bed wetting? Male, 12 years old, came under my care about four years, after trying all the advertised remedies. Since under my care I have circumcised, and given rhus aromaticum, belladonna, ergot, strich., and many other remedies. Urin is high colored and has offensiv odor, for which I have given Holland gin with acetate potass. of mornings, and followed with belladonna till I would get distinct physiological effects. Child is fair sized, activ, and well in other respects; bright in school and exceedingly anxious for recovery. Will abstain from drink or diet as directed. If you or some of the many readers of THE WORLD can help me with this case, I will appreciate it very much. N. H. BAKER.

Sundance, Crook Co., Wyoming.

[No physician could have handled the case more skillfully. Our suggestions are merely in the nature of "trying something more." Allow him no fluids after supper. Elevate the foot of the bed six inches. Have him drink freely of pure water up till afternoon. Exclude worms. Have digestiv functions brought to perfection. We must criticise your use of "Holland gin and acetate of potass." as being too drastic for a mucous membrane evidently so irritable; try such mucilaginous drinks as infusion of true slippery elm or flaxseed tea. Get the urin as near neutral as possible by alkalies or acids as indicated. The elixir of saw palmetto compound often acts well in such cases. Wakening the child some hours after retiring and insisting on micturition is a good plan. The use of silver nitrate, ten grains to the ounce, has been extolled; it is injected thru a catheter to the prostatic portion of the urethra. The use of the cold sound occasionally gives good results. We hope some of these suggestions may relieve your patient.—ED.]

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Editor MEDICAL WORLD:—J. R., age about 70, of thin, light build, complains of nervousness, especially at night, with cramps in feet and legs. Some nights he cannot rest any till after midnight; appetite good; bowels constipated; tongue coated yellowish white; kidneys regular and in good condition; eructations after eating; dyspeptic; no soreness about the body; has some headache at times. Has been in this condition for five or six years. Habits good. I call the disease neurasthenic. Kindly give treatment.

Pomeroyton, Ky. J. W. KENDRICK, M. D.

[The case might possibly be neurasthenic, but we are inclined to think that you can do much good by thoro purging and elimination of the uric acid probably present in the urin—as manifested by the cramps. Give:

Elixir lactated pepsin, 80 gr. to the ounce...8 ounces
Acid nitro-muriatic, strongest, freshly prepared .....1 dram
Mix, and give two teaspoonfuls in a glass of water before or with meals.

Give one to four "activ cathartic tablets," sold by all manufacturers, on retiring; after thoro purging has been induced, use one of Drysdale's aperient tablets every night on retiring, but if this be enuf to cause more than one easy evacuation daily, cut one in two. The important feature of the treatment is to take some of the medicin every night, so as to keep up only a laxativ action after the preliminary purging. If liquid be preferred, aromatic fluid extract of cascara may be substituted for the Drysdale aperient tablets. For the eructations, try chloroform water in tablespoonful doses, without dilution, every 20 minutes till relieved of gas, or four doses are taken. Headache is probably due to stomachic and intestinal indigestion, and will likely disappear with suitable medication, as suggested. For the restlessness give full doses of fluid extract of valerian combined with strontium bromid every four hours; and if this causes depression, add 1-30 gr. strychnin to each dose. You will promptly relieve this case under such medication, if no organic lesion exist. Glad to hear from you again any time.—ED.]

Editor MEDICAL WORLD:—Please give me your best treatment for severe ulceration of leg in man 45 years old. I have a rebellious case.

Haledon, N. J. A. A. LYDECKER, M.D.

[Thoro curetting under ether, followed by a dressing of oxid of zinc ointment, thoroly removed by peroxid of hydrogen and aseptic warm water and soap twice daily, but with great gentleness. Spread the ointment on thin waxt paper thickly, and follow with a loose bandage. Have him kept off his feet, and keep the foot elevated on a chair until the ulcer has healed. You will be astonisht at the rapidity of cure. Calcium of sulfid and strychnin phosphate are good internal remedies. If he will not submit to proper treatment you would better resign the case. If you have not the time to bother gently removing the oxid of zinc ointment, or if patient is at a distance, you would better employ some of the dusting powders offered by our advertisers. If the curetting is thoro enuf, the key to success lies in the frequent gentle and aseptic cleansing. If the oxid of zinc ointment or dusting powder is allowed to remain or accumulate, the acrid secretion is retained and it burrows under the sound skin and destroys the healthy granulations there and in the face of the ulcer. Success depends on thoro and gentle cleansing at least every twelve hours. We neglected to say that numerous short radiating incisions should be made thru the calloust "ring" of ulcer at time of curettment, just like the spokes of a wheel. If, however, the varicosity of veins is markt, and particularly if venous tumors are present, great caution should be exercised in the incisions, or ligatures may be required. Thoro handling in the operation, and conscientious and continuous attention afterward will bring you success and a grateful patient. It may be necessary for him to wear an elastic stocking afterward if varicosity be a prominent feature. The cure will be tedious. Skin grafting is a popular modern method of treatment, but is seldom successful in hospital practise, and hardly ever with attention given in the country. Hence we commend above in preference to it. It is not the surgery, nor the medicin, but the cleanliness and attention that insure success, and competent nursing is essential. We will be pleased to hear from you again.—ED.]

Editor MEDICAL WORLD:—I request the formula, if you or one of the "family" can furnish the same, for "Dr. True's Pin Worm Elixir," put up by Dr. True & Sons, Auburn, Me.

This preparation is an excellent anthelmintic. As a boy of 10 or 12 years I resided within a block of Dr. True's home and laboratory, and one of his younger sons was a particular playmate of mine. I have been served many a dose of the "Elixir"—first for worms, which it per-

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manently eradicated, then as an occasional laxativ or cathartic, according to the dose mother thought best to give me. Now, as a practising M. D. myself, and in common with a few other Brockton practicians, one of them city physician, "True's Elixir" is doing its usual guaranteed work where the anthelmintics of my friends and my own prescribing occasionally have failed. So if the formula can be printed in THE WORLD we can see if it contains any new or wonderful elements that our list of anthelmintics fail to include. DR. J. E. BURNETTE.

Brockton, Mass.

[We have never before heard of Dr. True & Sons, nor their "Pin Worm Elixir." No authority or record to which we have access names them or their preparation. Could you not obtain information from your childhood's "particular playmate?" If any member of the family is in the corner with this prescription in his inside pocket, he is requested to at once stand out and deliver, or stay away from the hearthstone hereafter, till he "cools." We want some one to help the Doctor out, for we can not. Injections of quassia are usually ample for all cases of "pin worms," and santonin is the only reliable anthelmintic, and it is not probable that Dr. True has discovered anything more than generations of thousands of hard working scientists. Combine your laxativ with your anthelmintic according to modern authority, and we do not think you will need further suggestion. We hope some brother may walk up before the fireplace and speak with suggestions superior to ours.—ED.]

Editor MEDICAL WORLD:—A married lady, 25 years old, weight about 110 pounds, has two children; family history good; seems to be healthy. When she has intercourse she seems to lose consciousness; hands draw, teeth are clencht, and she says it hurts so bad she can't stand it. Has always been so since she was married, and her husband asks me to treat her. So far I have not done anything. I will appreciate any suggestions. C. H. JOHNSON, M. D.

Puryear, Tenn.

[You probably have a case of vaginismus; and they are always obstinate and hard to treat. Cocainization of vagina by insertion of a pledget of cotton up to the uterus and another just inside the vulva a few moments before coitus is generally effectiv in abolishing pain, but destroys all pleasurable sensations that might be possible under other treatment. The following suppository is often more convenient than the cotton and requires no removal:

℞

Cocain .....gr. j
Iodoform.....gr. vj
Ext. belladonna .....gr. jss
Cocoa butter q. s.

Mix. Make 1 suppository, and insert to uterus 10 minutes prior to coitus.

Examin for fissures, ulcers, caruncle, or abrasions. Caution husband to be slow in assault. If remains of hymen are tags, trim off closely. Forcible dilation under anesthesia is often efficient. You ought to attend this case earnestly, and you may perhaps prevent a divorce suit. Hope to hear from you again. No woman or man can endure such conditions always.—ED.]

Editor MEDICAL WORLD:—I have a case in which I wish your advice, and that of the brethren. Mr. M., aged 64 years, was thrown from his vehicle in a runaway. He was picked up shortly afterward unconscious, carried to a neighbor's house, where I was summoned three hours afterward. I found him unconscious, but without stertorous breathing, or blowing out of corner of mouth on expiration; pupils were evenly contracted. There was a large scalp wound over left frontal region, with scalp loosened from cranium for two inches on temporal side of wound, but no depression of bone. There was a dark echymosed condition of skin all around left ear. Wound was drest under antiseptic precautions, and stitcht; it healed by first intention. Acetate of lead water compresses were applied over bruised areas. There was also a badly sprained ankle, with several minor bruises. On second day his temperature was 101°, pulse 100; was very restless, continually throwing off the cover, would leave no dressing on head; pickt at it continually until off. Would answer you slowly, but generally irrationally. Bowels were constipated; took liquid nourishment without difficulty; laid best on right side; slept but little yet had his eyes shut nearly all the time. On the fourth day a large lump arose near the junction of parietal and occipital bones. This was dark, as was the whole back of head and neck down to shoulders, and from ear to ear, and was very tender to touch. As the days passed by this disappeared and the temperature became normal, but no improvement in mental condition. Four weeks have now passed and he is the same; seems to recognize a friend now and then, but in five minutes calls them by another name. Seems to have a jocular nature, often saying witty things. He has never recognized that he was hurt, or where or how. If you ask him how long he has been in bed, he will say, one day; or at another time three days, etc. He is still very restless; impossible to keep him covered up; is very talkativ and light hearted. His eyes are suffused and matter a little. He only sleeps on his right side, and then toward morning or after daylight, not more than four or five hours unless under hypnotics. During the last week his temperature has varied between 99° and 101°; bowels

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constipated unless drugs are used; patient generally urinates and stools without warning the nurse. His hearing seems to be more acute than before he was hurt. Our diagnosis has been congestion at base and back part of brain. Our treatment has been to keep him in a dark room and as quiet as possible. Have purged him time and time again with small doses of the mild chlorid often repeated, and have administered continually the iodid of potassium in 2½ gr. doses. To quiet the nervous system, we first used the bromid of potassium, but later changed to bromid of soda. Blistered nape of neck, etc. Now, is our diagnosis right? Has our treatment been the right thing? What is the prognosis in this case? Please give me advice along all these lines, because it is very important that I get this man out. I have consumed considerable space, but could not do better and do it justice. C. W. CANAN, M.D.

Orkney Springs, Va.

[You have treated him properly. It is a mooted question whether an operation in such cases be advisable. We believe in addition to "congestion," you have a blood clot pressing on brain inside the skull, and that the external manifestations are the result of pressure. Careful antiseptic trephining would do no harm, and might save his life. We think you have a fractured skull with a blood clot underneath, but it would be well (despite the injury) to exclude syphilis, we having recently seen just such a case. If the patient is not "planted" when this is issued, we advise trephining; for he will die if it is not done; and he may be saved if it is done. Such cases often lie many months before dying. If you operate, and he dies, you will be blamed; if he dies without operation you may be blamed anyway, and we would take the chances.—ED.]

Editor MEDICAL WORLD:—Will some one give me the title and publisher's name of a good work on vegetarianism?

Greene, R. I. C. L. ORMSBEE, M.D.

[Perhaps our R. I. brother feels the pressure of the beef trust.—ED.]

Editor MEDICAL WORLD:—W. S., age 51 years, farmer and woodsman; previous history, never sick before. February 14 sustained a severe fall upon ice, striking right buttock; continued to work that and next day; during following night severe pain whole right side of abdomen set in and continued until 20th, when I was called to see him. Found tenderness on right side of abdomen, muscles tense, hard and some swelling. Succeeded in checking pain same day. On 21st vomited some bile; pulse 72, temperature 102°; no appetite; no pain. February 27th phlebitis of left leg from knee to foot set in; much swelling; considerable pain; pulse and temperature same as before. Pain and swelling began to subside in a week. Other symptoms continued, pulse 72, temperature ranging from 100° to 102°, no chills, no sweating, no pain. Suspected pyemia; made careful examination but failed to find any abscess; cautioned patient to remain quiet, but did not obey. On March 20th nearly one quart of cream-colored pus passed from bowels, and also began to expectorate a large quantity of the same kind; both were very offensiv; no cough nor dyspnea at any time. Had no diarrhea; liver not enlarged; pulse since that time has varied from 72 to 80, temperature remains normal, appetite fair, bowels regular; feels somewhat weak; the expectorations of pus ceast and he is able to do some work. Please inform me where the abscess was located and into what did it open. (April 15th, patient still improving.)

Klecknersville, Pa. E. L. SMOCK, M.D.

Our Monthly Talk.

After the rather full discussions of constitutional limitations and amendments in the Editorial department of this issue, in connection with the question of National Medical Legislation, I expected, as the "Talk" for this month, to merely refer to said discussion, particularly to the suggested amendment, providing for future amendments by a popular vote, in the same way that state constitutions are amended, with the additional provision that a proposed amendment may be gotten before the people by popular petition, as well as thru the National legislativ body. This would make it possible for the constitution to be kept constantly in harmony with changing conditions, and the wishes of the people as exprest by themselves whenever they might wish to express themselves. The danger of leaving everything to legislativ bodies is illustrated by the fact that the people are undoubtedly in favor, by an overwhelming majority, of election of United States Senators by direct vote of the people of the respectiv states; newspapers of all parties in all parts of the country have vigorously advocated this change; the legislatures of numerous states have, without regard to party, passed resolutions in favor of the change; the House of Representativs at Washington has repeatedly and in some instances, unanimously, passed a resolution favoring this change, but the United States Senate, itself, stands out stubbornly against it; and according to the constitution, this change can be blockt as long as the Senate sees fit to stand out against it—or rather, as long as the Senate fails to act favorably on it, for that is all the Senate needs to do in order to prevent the change. The popular initiativ would give the people a chance to act directly; then one legislativ branch could not indefinitly prevent a desired change.

* * * * *

Regarding constitutional amendments, the people in Washington have long regretted that the inaugural ceremonies occur in so inclement a season, and have long desired a change of

(Continued over next leaf.)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thoroughfare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary.*

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

Doctors are Altruists.

The profession of medicin is essentially altruistic. True, it should yield a living, for the doctor and his family must live; but the doctor whose first and chief aim is to get money from his patients is not a true representativ of his profession. That is the chief characteristic of a quack; and it requires very vivid language to describe a doctor's hatred of quacks and quackery.

An instance of the unselfish altruism of the medical profession is shown by the following newspaper clipping. See particularly the parts that we have put in italics:

BLINDNESS IN JAMAICA GINGER LEADS TO BIG DAMAGE SUITS.

BALTIMORE MANUFACTURING CHEMISTS DEFENDANTS IN CASES THAT INTEREST PROHIBITIONISTS AS WELL AS OCULISTS IN FOUR STATES.

[*Special Dispatch to the North American.*]

BALTIMORE, May 12.—Manufacturing chemists, oculists and the people of every local option town in the United States are deeply interested in the outcome of the first of five damage cases, aggregating $115,000, against a concern of this city which is one of the heaviest drug firms and manufacturing chemists in the country, and which will be called Wednesday next in the Superior Court.

The allegations on which the suits are based are that the plaintiffs were made blind by drinking preparations put up by the house, notably the one called "Jamaica Ginger," in the manufacture of which wood or methyl alcohol had been used instead of pure grain, or ethyl alcohol.

Behind the plaintiffs in these suits are *the leading oculists of New York, Philadelphia and Baltimore. The specialists have furnished the funds* for the lawyers' fees and the preparation of the cases for court.

CASES WITH BIG CLAIMS.

The five cases referred to may be summarized thus:

Heirs of James Henry Duncan, of Cecil county, Md., who claim that the deceased after drinking one bottle of Jamaica

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ginger put up by the defendants was stricken blind, and died soon after. Damages, $25,000.

Dr. George A. Brehm, of Cecil county, Md., became addicted to the use of the ginger alleged to have been put up by the defendants, and became totally blind from the effects of the adulterant, or wood alcohol, used. Damages, $30,000.

Henry W. Jackson, of West Virginia, declares he used the Jamaica ginger put up by the defendants frequently, and is blind in consequence. Damages, $25,000.

ANOTHER ONE IS BLIND.

Nimrod B. Dove, also of West Virginia, alleges almost total blindness thru the use of the adulterated lemon extract alleged to have been put up by the defendants, and in which wood alcohol was used. Damages, $20,000.

Oscar Ox, of Somerset county, Md., totally blind from use of Jamaica ginger alleged to have been put up by the defendants, and in which wood alcohol was used. Damages, $15,000.

Dr. Herbert Harlan, of this city, and one of the leading oculists of the country, called attention to the prevalence of blindness among people who used Jamaica ginger as a stimulating beverage last winter, in a long article published in the Ophthalmic Record, and the article attracted very great attention. He showed that in the local option towns of Pennsylvania, the Virginias and Maryland men who craved liquor, but who found it difficult to obtain, had resorted to the use of essences like Jamaica ginger for the effects of the alcohol which entered into their preparation.

CAUSES 1,000 CASES OF BLINDNESS.

It is said that the number of cases of total blindness in the four states mentioned exceeds 1,000, all of them directly traceable to the use of adulterated essences. The ease with which the preparation could be secured added to its danger. Any country storekeeper is permitted to sell "medicine."

After the publication of Dr. Harlan's paper the *local Ophthalmic Society, urged by specialists thruout the country, decided to begin a crusade against makers of the stuff.* The result of their investigations is shown by the five suits now on the docket. The defendant company denies the accusations made.

"Wood alcohol is certain to produce blindness when used as a drink or otherwise introduced into the system," said Dr. Harlan today. "If a large dose is taken on an empty stomach death is almost certain to follow immediately.

"The consumption of wood alcohol by manufacturing chemists thruout the country has increast enormously during the last decade. It can be bought for 75 cents per gallon, while ethyl alcohol costs $2.45 per gallon.

"It is time that the men who are sending bottled blindness and certain death broadcast thru the country should be halted."

The oculists will not be benefited by the stopping of the sale of this poison. In fact, whatever tends to the injury of eyes tends to the increase of patronage of oculists. However, be it said to the honor and glory of the oculists, they prefer the protection of the eyes and health of the people to their own aggrandizement; not only do they merely prefer it in a passive way, but they are the first to organize a determined opposition to the evil, and the only ones to put their hands into their pockets and financially sustain the prosecution of the cases. Truly, the medical man's success in life cannot be measured by the money he has made, but by his service to the welfare of humanity.

Substitute for National Medical Legislation.

When we can't get what we want, we are fortunate if we can "want what we can get." Usually it is well to take the next best thing. However, doing so, frequently gives us a degree of satisfaction, and causes us to cease striving for what we really want. We want a National Medical Examining Board; but our constitution, made over a century ago, does not permit it; so instead of attacking the main problem, and securing an amendment to the constitution, we bend our energies to inventing a substitute for what we really want. The following, article clipt from the Journal of the American Medical Association for May 10, gives in full the present status of the matter:

A VOLUNTARY BOARD OF NATIONAL EXAMINERS.

WILLIAM L. RODMAN, A.M., M.D.,

Professor of the Principles of Surgery and Clinical Surgery in the Medico-Chirurgical College, and Professor of Surgery and Clinical Surgery in the Woman's Medical College of Pennsylvania.

PHILADELPHIA.

At the recent meeting in Washington of the Committee on National Legislation representing the American Medical Association, the subject of reciprocity between the several states was very generally discust, and considered practically impossible with so many states and territories, each with its own standard and no two alike. More than half of the states were represented at the conference and the interchange of opinion was free. The committee appointed one year ago made a majority report through its secretary, Dr. Emil Amberg, advising against reciprocity, and in favor of a National Board of Examiners. The committee had, however, been working upon the hypothesis that such a board could be created and sustained by act of Congress. Letters read from Senator Burrows and others caused the committee to drop the idea of a national board created by act of Congress as such legislation would certainly be unconstitutional and in conflict with the several states. The states are sovereign and cannot be coerced by the general government.

There is, however, nothing to prevent, or seriously in the way of a Voluntary National Board of Examiners, whose examination shall be of such a character and high standard as to command the respect of the several states and cause them to issue license to any one who has successfully passed such an examination. To fail to do so, as was said by Professor William Welch in the discussion, would make such state ridiculous. I therefore offered this amendment to the report of the committee, which was promptly accepted and unanimously approved after full discussion. I then suggested that this board consist of six members, viz., the Surgeons-General of the Army, Navy and Marine-Hospital Service and three equally representative civil practicians; two to be elected by the House of

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Delegates of the American Medical Association and one by the American Congress of Physicians and Surgeons. A seventh might be added to represent the National Board of Examiners. This board would at once have the confidence of the profession as it would be comprised of able men absolutely above suspicion. The time of meeting should be from June 1 to July 1, so as to accommodate the graduates of all schools.

The examination should be both theoretical and practical. Applicants should be taken into the wards of hospitals and be given opportunities to make diagnosis and examin urin, sputum and blood, as well as outline courses of treatment.

The place of meeting should, as a rule, be in Washington; provided its hospital facillties are adequate. It is desirable, however, to vary the place of meeting from time to time so as to make the board truly a national one, and to subserve the interests of the greatest number of applicants.

The fee should be not less than $25, or the maximum amount charged by a state board, so as not to bring the national into too great competition with any state board.

Now, what would be the inducement to graduates to go a distance, assume greater expense possibly than they now do, only to get a diploma which *need* not be recognized by the states? My answer is that as every state and territory in the Union now recognizes the commission of medical officers of the Army, Navy and Marine-Hospital Service, so they would be glad to recognize the certificate or diploma of any one passing an examination conducted by able and distinguisht men representing all sections of the country. A man with such a diploma should be permitted, like the constitution, to follow the flag and practise medicin and surgery anywhere within our possessions. Now if a man moves from Pennsylvania to New Jersey he must pay $25 additional for the privilege, and in other states pass another examination as well. This is manifestly unfair to men who are excellent practicians, but necessarily rusty in the theoretical branches, such as anatomy, physiology, chemistry, etc.

There would be another inducement to young men to appear before the national instead of a state board; there are many positions within the gift of the federal government, such as contract surgeons in the Army, Navy and Marine-Hospital Service; physicians to Indian agencies and members of pension boards of examiners in all parts of the country, requiring the servicesof more then average men. Any one holding the diploma or certificate of such a national board would at once have the advantage over any one else less fortunate. In truth, in nearly all such cases, a further examination could, with perfect justice to the government, be waived. So manifest are its advantages that each year there would undoubtedly be a larger number of applicants; and in time sub-boards would be necessary to accommodate the number applying—each to meet in some large city with abundant hospital facilities and accessible to many applicants.

There is but one serious question involved, and that is whether or not the expenses of such a board could be met for a year or two out of the fees of applicants. There would be only three or four examiners to pay, as I was told by each of the Surgeons-General that they would act, or detail some one from the service, gratuitously.

There is also, I take it, little doubt that suitable quarters for conducting the examinations could be furnisht by the Bureau of Health which is almost certain to be establisht by this Congress.

Should the fees be insufficient to secure the services of the best men, the American Medical Association could well afford to pay for the two members appointed by it. Certainly, this great organization, with money in its treasury to spare, can well afford to give something to a cause having behind it the best elements in the profession. It is unfair to ask that any one worthy of the appointment as examiner should give a month, possibly longer, to even so excellent a cause without compensation. So could the American Congress of Physicians and Surgeons provide, if necessary, for its appointee.

A voluntary board is better for the profession than a compulsory one, for its standard can reasonably be made higher, and its certificates be a diploma *cum laude*. Moreover, the profession will be elevating and purifying itself and not trusting to legislation to accomplish the purpose which under our form of government is impracticable, even tho it were desirable.

I have little doubt, however, that the fees would be sufficient to pay the examiners well even the first year. If the examinations should be held in Washington it would be very accessible to all of the eastern schools, representing, we will say, a thousand graduates. There will be more, as Philadelphia alone has each year about 400. The eastern schools are of such standard that they would encourage their graduates to go before the Voluntary National Board, and it would be safe to count upon 10 per cent. (100) of the graduates of Washington, Baltimore, Philadelphia, New York, Richmond and Charlottesville (University of Virginia), and other cities adjacent to the capital doing so. Twenty-five hundred dollars should thus be assured; the expenses would be nominal and all over and above expenses would be divided between the three examiners. I am informed that the officers representing the three public services would be estopt from accepting compensation. This 10 per cent. could be probably doubled by the board meeting in Washington a week, and then spending a week in each of the three large cities adjacent to it, viz., Baltimore, Philadelphia and New York. The medical schools in these cities would willingly furnish quarters and facilities for conducting the examinations, and the hospitals furnish all necessary clinical advantages. This plan has been unanimously endorsed by the delegates from the several states meeting with the Committee on National Legislation and will be recommended to the House of Delegates at the coming meeting of the American Medical Association. It is to be

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hoped that it will be carefully considered and either it or a better plan at once inaugurated, as something should be done to encourage a higher and better medical education and to give in return something in the way of privileges and professional standing to those possessing it.

We see that the substitute is very cleverly workt out. But the recognition of a certificate from a voluntary board as here described will depend on the *courtesy* of the officials of any state, and cannot be urged as a legal right. However, this may be like "the thin end of the wedge," and may be the next step in the evolution. A taste of the broad policy that THE MEDICAL WORLD has been advocating will lead to its establishment on a proper and permanent basis.

Our country is great and wealthy. Here men of brains and enterprise can usually satisfy every want. On account of the *natural* wealth of the country, men in easy circumstances are prone to consider our *government* perfect. In Revolutionary times the conditions were hard. In looking for relief the leading men gave much attention to the principles of government. In these "piping times of peace" and prosperity it is hard to lead men's attention to serious matters of government. The proposition we made last month was very simple and reasonable. Will we have to wait till something "busts?"—till the ship of state is in danger of wreck, before serious attention will be given to our "organic law," the constitution?

Inter-State Reciprocity.

The following quotations are taken from a personal letter from Dr. B. D. Harrison, Sault Ste. Marie, Mich.:

"The next meeting of the Confederation is called for May 20th, at the Great Northern Hotel, Chicago, at 10 a.m., when undoubtedly some practical steps toward immediate reciprocity will be taken between the Michigan, Indiana and Wisconsin Boards."

"I shall be pleased to furnish you a memo. of the proceedings in Chicago at the coming meeting, and thanking you for your interest in the subject, I am, etc."

Unfortunately the memo. will be received too late for insertion in this issue, but we will, from month to month, keep our readers posted on this movement.

Editor MEDICAL WORLD:- In May WORLD, page 183, "Reciprocity" is incorrectly reported. The bill by Dr. Emmert failed to pass; a fact which is regretted by a large number, if not a majority, of the physicians of the state.

Chariton, Iowa. THEO. BARNES, M.D.

The following very timely information comes from one of our Canadian subscribers just in time to insert here

Canada Now has a Dominion Medical Law.

Editor MEDICAL WORLD:—I read your editorial on "National Medical Legislation" in May WORLD with a great deal of interest. I am sorry to find, however, that the constitution of the United States is so formed that it cannot be used for the purpose of a national medical bill, which is so desirable in modern times. We here in Canada have got over our constitution, called the British North American Act, and last week a bill entitled the "Dominion Medical Act," was passed at Ottawa in favor of Dominion medical registration, by an overwhelming majority. In future a medical man who passes the examination of the Central Board at Ottawa will be enabled to practise his profession in any part of the British Empire. If it could be done, I would like to see a similar bill in operation in the United States, and I have no doubt that you will find out some way in which it can be accomplisht if you ardently desire it. The great trouble will be, as some one suggested, with the small medical schools, which will object to being wiped out of existence by such legislation. In our act all physicians who are now in practise will receive diplomas from the Dominion Board for the next seven years; that is to say, all who have practist seven years at the present time will get their diplomas at once, and all who are now graduated will receive them year after year as they complete their seven years of professional work. In this way the act will work no hardship on any one.

The provincial examining boards will continue, and those persons who do not want to take the larger examination will be permitted to go up before the local examiners. It is also provided in the

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Dominion Act that it will have to be ratified by local legislatures before it can come into effect in any Province of the Dominion. This has been done in order to obtain the consent of the Province of Quebec, which was afraid that the bill might work some local injury to her graduates of certain schools. I inclose you, under another cover, a copy of our local Medical Register for B. C. You will find our examination questions therein, and you can publish them if you wish. In a short time we will issue another edition, bringing it up to date, which I will also forward you. I think it a very good plan to publish the examination questions of the various boards, as it gives students an opportunity of knowing what kind of work is expected of them. Hoping you will succeed in getting a National Examining Board of some kind in the near future, I am yours sincerely,

W. J. McGuigan, M.D.
Vancouver, B. C.

We extend our sincere congratulations to our Canadian brethren. The features of the bill mentioned above are very wise and just. We fail to see how the small medical schools would be unfavorably affected by such legislation. We have always contended that medical schools should be *teaching* bodies, and not licensing bodies. If small medical schools do good teaching, they have nothing to fear from such legislation.

Amenorrhea and Dysmenorrhea.

These are the diseases (or symptoms, rather) for which the girl or woman most often consults the physician. Has the unmarried female with amenorrhea exposed herself to possible pregnancy? And has she lied to us? And shall we administer a seemingly appropriate emmenagogue? Or, if the patient be married, how shall we know if she is not coaxing us toward producing an unthought-of abortion? We have a safe rule to follow, which hundreds of blackmailing schemes and convictions have plainly outlined. The rule is this: Never examin a woman when alone with her; and whenever a woman complains of disorder of the menstrual function, examin her thoroly and immediately; and if you find her a virgin, use the rectal in preference to the vaginal route. If the rectal examination fails to yield information, and a rigid hymen be present, the problem is a grave one. We may treat empirically, but if the case be a severe one and demanding immediate attention, it is better to make the vaginal examination at the risk of a ruptured hymen, and then give a certificate of virginity on such date. Both local and general examination are often necessary, and the practician who fails to make these thoroly, will surely fail in the relief the patient seeks.

Amenorrhea and dysmenorrhea are always of functional or organic origin, and if the etiology were plain the diagnosis and therapeusis would be easy. When we think of functional disorders we must remember fear of possible pregnancy, mental or physical shock, reflexes, effect of cold and exposure, habitual irregularity, unusual anxiety for pregnancy. Undiscoverable causes we must class as idopathic. The organic causes may be grouped under endometritis and ovarian disease. It is well to remember that certain systemic diseases like chlorosis, tuberculosis, obesity, goiter, chorea and diabetes may produce either symptom; we wish to insist that neither is ever a disease, and that in almost every case a sufficient investigation will reveal the true cause of the trouble and admit of curativ measures.

We plead for more consideration for these innocent unfortunates; but for the guilty in wish or deed, we have only one rule: "There is the door; go!" Study these cases, and it will prove interesting both intellectually and financially; neglect them, and you will abandon your best hold on the most desirable and best paying class of practise.

Death Caused by Sulfonal.

Bruno Hermann, editor of the Lincoln (Neb.) Freie Presse, died yesterday from the effects of an overdose of sulfonal, prescribed for insomnia.—Phila. Ledger for April 30, 1902.

[Perhaps the exorbitantly high price which purchasers under the U. S. flag are charged for this product (see pages 183 and 184 May World) saves us from many more such deaths.—Ed.]

Do you want to discuss the summer diseases of children this summer? If so, don't wait till summer is over. Did you

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have any experience last summer that would be of value to your co-workers this summer? Have you a plan of treatment, proven by experience, that is satisfactory to you? If so, it is your duty to give it to your brethren. Have you any helpful remarks to make in regard to diagnosis? Send *soon* in order to be in time for July issue.

Our supply of WORLD's for January, 1901, is entirely exhausted, and some are very anxious to get that issue to complete their files. We will give 10 cents each for any of that issue that may be returned to us, or we will exchange any other desired number for same.

Prize Essay on the Dangers from Self-Drugging with Proprietary Medicins.

The Colorado State Medical Society offers a prize of $25.00 for the best essay, for circulation among the laity, upon the dangers of self-drugging with proprietary medicins.

The competition is open to all. Essays must be typewritten in the English language, must contain not more than 3,000 words, and must be submitted before June 15, 1902. Each essay must be designated by a motto, and accompanied by a sealed envelope, bearing the same motto, and enclosing the name and address of the author. The essay receiving the prize will become the property of the Society for publication. Others will be returned to their authors. Essays should be sent to the Literature Committee.

DR. C. A. GRAHAM, Secretary,
Stedman Block, Denver, Col.

Earnings of Berlin Physicians.

The official tax returns show (British Medical Journal) that one practitioner in Berlin returns the handsome amount of $74,000, but on the whole the financial condition of the Berlin doctor is by no means brilliant. There are in the Prussian capital 1,946 medical practicians, of whom 529, or more than one quarter, have a yearly income of less than $700; 273 have an income ranging between $700 to $1,300, while 785 exceed the latter sum and approximate, for the most part *longo intervallo*, to the $60,000, which is the highwater mark of professional prosperity. No fewer than 107 earn less than $200, and are consequently exempt from income tax.—N. Y. Med. Jour.

A responsible French writer states that there are in Paris 2,600 physicians. Of these 40 earn from $40,000 to $60,000 a year, 50 earn $20,000 a year, 50 from $10,000 to $20 000, 200 from $6,000 to $10,000, 200 from $4,000 to $6,000, whilst 1,700 earn on an average $620. In the whole of France there are 16,000 practicians whose average professional earnings are less than $600 a year, and this amount does not represent net but gross earnings.—Ex.

He Was in Danger.

During a trial of a suit to collect a medical fee a witness was put on the stand to prove the correctness of the physician's bill. The witness was askt on cross examination by the defense if the doctor did not make several visits after the patient was out of danger. "No," was his reply, "the man was in danger as long as the doctor continued his visits."

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Financial Credulity of Physicians.

DEAR DOCTOR TAYLOR:—There should be a national license, beyond question, and a physician who has practist medicin for fifteen or twenty years in one state should not be required to undergo examination upon removing into another state, even tho he may not have received a license after examination. This, of course, would apply only to those practicians who began their professional work before the establishment of licensing boards.

Concerning the inaptitude of physicians in business matters, and their liability to be lured into disastrous investments of their scanty and hard won savings, you certainly have not overstated the case. If anything, you have been too mild. But how can we be expected to understand the mysteries of modern finance when our whole time and thought are engrossed with the profound problems which make up our daily work? SOLOMON SOLIS COHEN.

1525 Walnut street, Philadelphia.

[Doctor, this is exactly the point. It is well known that physicians do *not* "understand the mysteries of modern finance," and that is what makes them such a shining mark for schemers, who regard doctors, as a class, as "easy." A doctor learns that so and-so has made a million; and that he "made it in stocks." He thinks that is very simple and easy, compared to the arduous practise of medicin, so he resolves to "go into stocks" also. He gets his savings together and parts with the precious "wad," fondly thinking that fortune is coming his way, and that he can soon live on velvet in "easy street." He does not realize that he is like an innocent little child in the hands of shrewd, crafty and frequently

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conscienceless financiers. He afterward learns that the savings of thousands of just such innocents as he go to make up the millions that we hear about being "made" by so-and-so. It is because physicians do *not* understand the "mysteries of modern finance" that we urge them to keep entirely away from the whirling and swirling pool of speculativ life. Doctors who follow the advice given on pages 138 and 139 of April WORLD will find themselves absolutely safe, financially. You can get as high or higher interest on first mortgages in your own vicinity than on "perfectly safe" bonds or stocks, and you don't want unsafe or speculativ securities at *any* price. So, why bother with *any*. Keep your money invested at home. Doctors who put their precious savings "into stocks" are about as foolish as the laity who go to quacks for medical treatment. THE MEDICAL WORLD could make much money advertising "investments for physicians;" but our policy is, and always has been, to decline all speculativ advertising. We prefer to sacrifice all this business, and devote ourselves to inducing physicians to keep their hard-earned savings in absolute safety, for the needs of growing family and old age. We hope that these words will ring in the ears of thousands of doctors for many years to come. Our pages and our efforts are devoted to *helping* the profession, financially, as well as in every other way in our power. If the profession allows itself to be "milked," it is not our fault. We do not "expect physicians to understand the mysteries of modern finance," but we do hope that physicians will keep out of such mysteries.—ED.]

More About Doctors' Investments.—Doctors are "Dead Easy."

Editor MEDICAL WORLD:—Since the publication of my paper on "Financial Investments of Medical Men," in your April issue, I have received numbers of letters, from all parts of the United States and Canada, asking for my advice, and in many cases clearly explaining what particular sort of advice they desired. I regret that I was not able to furnish this particular variety, as, in most cases, the prescriptions were "incompatible;" but I endeavored to write a reply in every case, because I know full well that a little of the light of experience will often be a God-send to such inquiring souls, and their answers, in many cases, have proven it.

I certainly would not have entered upon so ungracious a task as that of "warner-off" had it not been from a sense of duty. A promoter said recently that it seemed "almost a shame to tackle doctors; they were so dead easy that it was like reaching in and taking the money out of their pockets." It was this remark which induced the preparing of the paper itself.

Many years ago I formed the third member of a trio of friends around a table. The others had met to complete a sale of "an entire interest" in a projected money-maker, and I was a witness. The seller, a gentleman from New York, and secretary to one of the leading financiers over there, had the "interest to sell," and his *vis-a-vis* pushed over to him $496.00 in good money in exchange for the papers, duly signed, and which I witnest. The New Yorker carefully counted and folded up the roll, and, looking my Philadelphia friend in the eyes, smilingly said: "How easy it is to get good money out of a man, *if you only know how!*" The gentleman turned pale, and said to me afterwards: "My God, doctor, I never lookt at it in that way till he said that." The result was unfortunate, as the investment "died a-borning." The purchaser lost his life afterward by his own hand. I have never forgotten the vivid surroundings and conversation of that evening. I. W. HEYSINGER, M.D.

1521 Poplar street, Philadelphia.

We are glad to see that there is another medical editor who is trying to save doctors from financial misfortune. He is Dr. Frank Parsons Norbury, editor of the Medical Fortnightly. The following very bright and able editorial appeared in the Fortnightly for April 25th:

THE DOCTOR AND HIS INVESTMENTS.

Evidently the dealers in investment securities believe that physicians are good patrons to all that has about it the name "investment." We judge of this by the perfect deluge of literature pertaining to oil wells, gas wells, zinc mines, gold mines, copper mines, etc., etc., which floats into our office, and all giving the promise of great returns. Doubtless such enterprises are officered by men whose integrity is as unsullied as that of the moon, whose belief in the goods is as devout as that of a monk, and who play the game for all there is in it. We personally know physicians who bite at every scheme that floats—we presume gold bricks are so

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numerous in their offices that they are used for paper weights, ornaments, etc. Somehow these ornamental reminders of the frailty of human wisdom and the utter abject poverty of conscience in some brokers, do not offer any obstruction to the pathway toward further folly when a new scheme is presented.

It strikes us that the average physician is about as capable of floating a gold mine as he is to teach J. P. Morgan some new things about stocks; about as capable of multiplying dollars by investment as he is of making canary bird-eggs bring forth "the omniverous ostrich."

The fellow who thinks he is up to the game, can work all side lines, pull all wires and land with buttered side up all of the time, is sure to be a physician. He may win on the first deal and then, oh! then, he is sure to go against the first new thing that comes along. He buys like a schoolboy, plays the game like he had a new toy, but at last finds he is but a whisper after all. Such a physician has about as much need for stocks as he has for an airship. The investment is just as profitable. Our humble belief is that physicians who have a surplus of money who really seek investments had better consult their home banker, consult his judgment and abide by his decision. Above all things have nothing whatever to do with investment securities not properly listed and endorsed by reputable financial agents. Throw the wildcat literature in the waste basket, and try to keep your dollars away from the sharks who seek them.

And here is another:

BAD INVESTMENTS FOR PHYSICIANS.

Never in the history of the United States have there been so many plans and schemes for securing the investment of money in questionable enterprises as at the present time. All the large newspapers and metropolitan magazines are crowded with advertisements of oil companies, mining companies, telephone companies, and a large number of other organizations that have no other reason for existence than a desire on the part of the promoters to fleece the American people at a time when prosperity is in evidence in all walks of life, and the surplus earnings available for investment. Unsatisfied with newspaper and periodical advertising, many of these companies are flooding the mails with circulars and letters addrest to prospective investors. The promise of large returns from small investments is a tempting bait to the majority of people who receive these personal solicitations. Physicians have always been clast among the most gullible, and are usually ready to fall victims to the snares of swindling concerns offering large returns for money placed with them, and for this reason every physician's mail is at the present time greatly increast by these personal solicitations from more or less fraudulent concerns.

For the benefit of many of our readers who may, like Eve, not be able to resist temptation, we wish to say that the conservativ, old establisht and reliable financial papers of the metropolitan districts have denounced fully three-fourths of all the various investment companies, including those dealing in oil and mining stocks, as fraudulent and organized with the avowed purpose of directly or indirectly swindling the American public. As one able and well-known financier has said: "If a single one of these companies claiming such wonderful prospects for investors had anything to warrant the claims, it would be unnecessary to go before small investors to secure the means to push the enterprise." In the financial centers like New York and Chicago there are many millions of dollars not only waiting for safe investment, but in many instances willing to take considerable chance in order to secure profit or gain. These millions could be secured by any companies having something to offer which affords even a fair prospect of profit, but being in conservativ hands, the scheming promoter knows better than to seek these millions, and therefore approaches only the most ignorant and most gullible with schemes which are advertised to give fabulous returns, but which in reality will give no returns to any one but the promoter.

Physicians have in the past been very susceptible to the influence of promoters of various mining schemes, and many a hard-working and intelligent physician would be several hundred or several thousand dollars better off had he never invested in these schemes. The experience of the past will be duplicated at the present time if physicians do not firmly and emphatically refuse to invest in any of the countless "get-rich-quickly" schemes that are now offered to the gullible public.

While it is unquestionably a fact that there is now and then a company offering stock to the public which has been organized along legitimate lines and with a fair prospect of making a very modest profit for the investor, yet these companies are so few and far between, and so difficult if not impossible of recognition, that one had best let all alone rather than be trapt by any of the many which are purely fraudulent.—Editorial in the Fort Wayne Medical Journal-Magazine.

We sent a copy of April WORLD, with pages 138 to 147 markt with blue pencil, to the editor of every medical publication in this country. We are pleased that such earnest and able editorials as the above have come forth, evidently as a result of our efforts. If doctors risk any more money in unsafe investments, they will have only themselves to blame. Remember, first mortgages on good farm or residential property in your own vicinity, to the extent of about half the assest value, are perhaps the safest investment you can make, and you will find the return to be greater than from almost any other *safe* investment. Stocks that are considered

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safe, and that are paying a dividend (Penna. or N. Y. Central R. R., for example), pay only about three per cent. or four per cent. on their cost, and first class bonds pay about the same. You can get from five per cent. to seven per cent. on mortgage loans in your own vicinity. It is a good plan to consult your banker before making any investment. Remember, it is much easier to put money out than it is to get it back again. After it has gone into some speculation, and the prospect of ever seeing any of it again becomes dim and distant, you will think how glad you would be if you could get only the principal back, without interest. It would usually pay for a doctor to pay a reasonable commission to his banker or a good safe lawyer, to invest his money for him. They are "up to" the schemers and dreamers, and doctors are not.

Don'ts.

One of our new subscribers, Dr. T. Fred Fletcher, of Cambridge, O., sends the following "don'ts," for which, however, he claims no originality. They are a few that have been indelibly imprest on his mind during three years' residentship in hospitals:

Don't overlook the contagiousness of scabies, tenia tonsurans, tenia versicolor and impetigo contagiosa.

Don't administer renal irritants in scarlet fever. Save the kidneys.

Don't forget that a dislocated elbow is *old* in two weeks; a shoulder in three months.

Don't neglect the heart in the treatment of acute rheumatic fever. Make auscultation your routine at each visit.

Don't think your obstetrical armamentarium complete in the absence of a hand brush, nail cleaner, fountain syringe and a goodly quantity of tr. sponis viridis. All are requisit—are life savers.

Don't puncture pelvic exudates; make a free incision and drain.

Don't depend on the temperature in appendicitis. Insist upon rest in bed, liquid diet, ice and purgation. Visit your patient every six hours, and if there be no improvement or if the symptoms be exacerbated at the end of the first twenty-four hours, operate.

Don't fail to thoroly disinfect both the feces and urin of your enteric cases. Eberth's bacilli appear in the urin as early as the seventeenth day, and in the feces at the end of the tenth. Formalin is very efficient.

Don't permit a sufferer from glaucoma to go blind, thinking that a cataract is becoming "ripe." Use eserin ½ to 2 per cent.—*not* atropin.

Don't ignore the pathognomonic value of König's sign in cerebro-spinal fever.

Don't forget that almost all chronic inflammatory conditions of the face in children are eczematqus.

Don't fail to examin the urin in all cases of persistent vomiting. This symptom is many times an early prodrome of uremia.

Don't make a diagnosis by the early cutaneous manifestations in children. Take all of the general symptoms into consideration.

Don't operate on your cases of tic douloureux before pushing strychnin and aconitin to their full physiological limit.

Don't express surprise when you find no glandular involvement in rodent (Jacobi's) ulcer.

Don't forget that high temperature prevents digitalis from slowing the pulse.

Don't listen to the man who tells you he never had a laceration. Examin the pelvic floor carefully after delivery, and repair any tear, no matter how small, if circumstances will permit.

Don't hesitate to use the gelatin dressing in non-exudativ eczema. Results are gratifying when properly applied.

Don't give potassii iodidi until indicated in syphilis.

Don't neglect atropin in the treatment of iritis.

Don't think of leaving your enteric case without percussing the bladder.

Don't fail to make frequent examinations in obscure abdominal cases. The second examination may reveal a floating kidney.

Don't tap a cystic goiter.

Don't trust pain as pathognomonic of malignancy.

Don't be guilty of poulticing a palmar abscess. Give ether, make a free incision, evacuate the pus, *drain* and use wet dressings.

Don't forget the specific action of soda salicylate in tonsillitis.

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Don't incise a gumma—absorb it with potassii iodidi.

Don't neglect to examin the urin in all cases of gangrene.

Don't forget that acetanilid renders a person more susceptible to "catching" cold.

Don't forget the "hysterical knee." All cases are not synovitis, arthritis, etc.

Don't be in too much of a hurry to tell your female patient that she has a floating kidney.

Don't keep an epileptic on any one treatment for any length of time.

Don't wait for tubercular glands to suppurate before removing.

Don't forget that pitting on pressure is a valuable sign in periostitis of tibia.

Don't overlook coxalgia in its incipiency.

Don't open a retro-pharyngeal abscess thru the mouth.

Don't use pins, but silk-worm gut, in operating for hare lip.

Don't permit a man to administer chloroform who is accustomed to giving ether.

Don't forget massage in the treatment of your fractures.

Don't operate cerebral cases in the Trendelenburg position. Hemorrhage is too severe.

Don't stop for hemorrhage when operating on goiter.

Don't forget that eighty-three per cent. of all mammary tumors are carcinomatous.

Don't use digitalis as a "cure all" in cardiac cases. Examin your patient carefully before giving a heart stimulant.

Don't expect results from the use of strong irritating applications in eczema. Your success in its treatment rests alone upon the use of mild, non irritating lotions. It is doubtful if constitutional treatment does good, unless there be markt debility.

Successful Treatment of Vaginismus.

Editor MEDICAL WORLD:—In reply to Dr. Johnson's query (May WORLD, page 219) I will report the following: This couple had been married fourteen years and had never had intercourse on account of vaginismus. The husband consulted me about eleven months ago and said that he could not live that way, and something must be done. I went to see the wife and found that the slightest touch to the vulva caused very much pain; there was also a morbid fear of being hurt. I could not examin her without an anesthetic. I etherized her and found the opening in hymen just large enuf to insert my little finger. I made forcible dilation, then packt the vagina thoroly with iodoform gauze, put on string kite-tail fashion so she could remove it. I instructed her to sit in warm water the next morning and remove it; then apply a solution of cocain and insert a dilating speculum and let it remain one hour every day for three or four days; then to use the cocain on attempting intercourse.

The result was all that could be askt for, as I delivered her of a fine boy ten days ago. If this case had not been attended to, the couple would certainly have separated; now it is a happy home.

Chapel Hill, Tenn. GARRETT WHITE.

Abortions Caused Apparently by Methylene Blue.

Editor MEDICAL WORLD:—On page 323, last August's WORLD, you suggest the use of methylene blue in the treatment of malaria in pregnant women. I employed it in three cases with the following results:

Case 1.—Mrs. C., aet. 28, bipara, no abortions, six months pregnant. Ill with bilious malarial fever for five days. Took on the third day of the disease quinin and antipyrin. No antiperiodics or antipyretics on the fourth day. Temperature 39° C. morning, 39.5° C. night. At midday on the fifth day began taking methylene blue, one and one-half grains every two hours. Up to that time no signs of labor. After taking the fourth capsule (6 p.m.) strong pains commenced, and despite treatment, premature labor began, and a living child was born three hours later (9 p.m.). Child lived half an hour. Recovery of the mother uneventful, temperature becoming normal on the seventh day of the disease.

Case 2.—Mrs. S., aged 20, multipara. Bilious malarial fever for two days. Pregnant six and one-half months. Temperature 40° C. No quinin or other drugs given. Began taking methylene blue in one grain capsules every two hours. After taking six or eight capsules labor pains suddenly appeared and in an hour she was delivered of a child which died a few moments afterward. Mother recovered uneventfully.

Case 3.—Mrs. S., age 30, primipara, three months pregnant. Had been ill for several days with bilious malarial fever.

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Had been treated by a homeopathic M.D. Temperature 39.5° C. After taking two grains of methylene blue strong pains began. Drug stopt, and after appropriate treatment patient recovered both from the fever and the threatened abortion.

Now, Mr. Editor and brother practicians, did the methylene blue cause the abortions? All three women were unanimous in claiming that the pains began after the ingestion of the drug and not before. In all cases the urin showed the characteristic color. The drug was bought in different drug stores each time and seemed to be pure. I have used the drug before, both in malaria and rheumatism, with fair results, but in malaria, quinin is my favorit. As to quinin producing abortion, I agree with Dr. J. B. Ramsey, that it is not the quinin, but the malarial poison which does the mischief.

Y. VADO JOHNSON, M.D.

Vera Cruz, Mexico.

The Curet.

Dr. W. M. McLaren, of San Francisco, gives a warning as to the use of the curet. He says that much harm comes from its improper use, as well as much good from its proper use. "There are many conditions of the uterus, particularly chronic conditions, that have resisted all medicinal and hygienic measures that have been cured by the curet." On the other hand, much permanent harm has been done in cases most suited to this treatment, or where the curetment has been too harsh. "I have several times seen physicians scrape out a uterus as if it were an iron bucket or a wooden barrel, the sounds of the scraping being heard thruout the room." No wonder the treatment was followed by hemorrhage and inflammation, keeping the patient in bed for weeks thereafter. "They do not realize that this heroic and improper use of the curet removes not only the endometrium, but the deep connectiv tissue also, and injures the muscular layer."

In prescribing disagreeable medicins, it is well to remember that the acids mask the taste of many. The acids also aid in dissolving most alkaloids, (and increase instead of masking their taste) and are a valuable assistant to increase absorption of liquids in the stomach. Citric, tartaric, and carbonic acids are the most generally useful. It is said that the long continued use of the mineral acids tends to cause gastritis.

Does Quinin Cause Post Partum Hemorrhage.—The Forceps a Blessing.

Editor MEDICAL WORLD:—As much was said in THE WORLD upon quinin in labor, especially during the autumn months, I experimented in fifteen cases of labor with quinin in the first three months of 1902. I used in these cases from 7½ to 15 grs. of quinin, without a single case of post partum hemorrhage. Here is a sample case: I was called in consultation about eight o'clock a.m., found woman in second stage of labor; had been in labor thirty six hours, having pains, but no progress. I gave her fifteen grains of quinin. In forty minutes the baby was born, and in an hour later I left, there being no symptoms of hemorrhage.

I have used quinin in varying doses, mostly in large doses, in twenty per cent. of my cases of labor, and I never saw but one case of post partum hemorrhage in my life. That was in consultation with one of my colleags, Dr. T. I have inquired of him since if he used any quinin, and he said he did not use a grain. He also states that he used no drugs at all, as the labor was normal, and no drugs were needed. He lives across the street from his patient, and he was called back in one hour after he had left her bedside. He found post partum hemorrhage. He at once gave her a hypodermic of ergotin, and sent for me. Upon arriving, I as rapidly as possible introduced my hand and removed clots. She had no more hemorrhages, and a rapid recovery followed.

There has been great objection by WORLD readers to the use of forceps in labor. If Paul Chamberlain, who invented and first used forceps in the seventeenth century, has not a great and beautiful tomb for his dear old body, it was a great neglect of the medical profession of his day. When Hugh Chamberlain sold the family secret to Roohuyen he put into the hands of the medical profession of the Old World one of the greatest blessings humanity ever received. The later improvements of the old Chamberlain model, fenestrated forceps with both pelvic and cephalic curves by Simpson, Tarnier, Hodges and others of great renown, made a rude instrument one of perfection. I have been using Simpson's forceps with antiseptic handles for nine years, and they have never failed to serve me satisfactorily.

When I have uterin inertia, I first use

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quinin; and if I can't get the desired effect, I apply forceps and relieve patient of unnecessary suffering.

I deliver most of my patients without chloroform when I use forceps, as that lessens the danger of hemorrhage.

Some suggest the use of ergot at end of first stage, which is bad practise. Never use ergot until after the placenta is delivered, unless there is great weakness of the muscular fibers; then use very small doses, not more than 6 or 7 drops of fluid extract. J. H. PHILLIPS, B.S., M.D.

Milner, Ga.

Three Months' Fetus Passed from Uterus which Gave Birth to Full-term Child Five Months Later.

Editor MEDICAL WORLD:—Last November (1901)I was called to a neighboring town to see Mrs. S., who informed me that she had awakened the night before with a desire to relieve her bladder, when to her surprise she found she had passed a three months' fetus with membranes and placenta. Six weeks later she felt motion. On April 18, 1902, I delivered her of a seven-pound boy at full term.

Mrs. S. is a young woman, 26 years of age, average height and weight, and of more than average intelligence and ability; she is the mother of a girl nearly two years old.

I can furnish details to any one interested enuf to correspond with me in regard to the case. And I would be glad to learn if such a case has occurred to the readers of THE MEDICAL WORLD. This case is recent, and all the facts have been investigated and can be substantiated; for as I mention above, the mother is a bright and capable woman and has been willing to furnish facts.

Charlemont, Mass. S. D. BOWKER.

[Did you *see* the 3 months' old fetus that is claimed to have been passed last November?—ED.]

Resuscitation of the New Born.—Retained Placenta.

Editor MEDICAL WORLD:—Every month our WORLD comes loaded. There are articles in every WORLD that I feel disposed to answer, but I read it thru, lay it down, hurry on thru life, and let it pass. In May WORLD, page 190, is one I cannot pass: "Resuscitation of the new born after an hour and a half," by Dr. F. S. Hansen, New Sweden, Maine. The pulsation in the cord is due to the child, not to the mother. No wonder we find "the pulsation in the cord was very strong" when we look at the prescription given. All of the ingredients increase the action of the heart at first; after first action, then a heart depressant. I think the condition of the child was due to the hypodermic given the mother. You may ask why the mother was not likewise affected. Did she not lose considerable blood, thereby reducing the poison?

My method of resuscitation of the new born is to place child in warm water as described by Dr. Hansen. I also have another pan filled with cold water. One hand is placed under the thighs, the other under shoulders, thumb and index finger grasping the neck. I lift child from pan of warm water and lower it to pan of cold water until back *just touches water*, when I immediately return it to warm water; repeat as necessary. In this case, however, this would have been fruitless until the effect of the medicin had been exhausted.

I sympathize with Dr. J. R. Smith (page 189, May WORLD). and ask why ergot was given when "there appeared and was a perfect band around the neck." Ergot contracts sphincter ani, sphincter bladder, and circular fibers of uterus. Better try something else next time, or give nothing. I have a similar case now on hand. I am watching and waiting, and will continue to do so unless some urgent symptoms call for assistance.

J. H. MEDARIS, M.D.

Alvaretta, Oklahoma.

Sterility in the Female and its Curability.

Editor MEDICAL WORLD:—The slight attention paid to this subject is possibly due to lack of information as to value of treatment, and partly because of disinclination for the burdens of maternity.

In this paper I shall avoid prolixity (the subject is one which admits of great extension); therefore, I shall of necessity treat the subject in a casual way only.

The condition may be either acquired or congenital. In taking the matter up I will consider the term "sterility" or "barrenness" to apply to women who, under favorable circumstances, fail to procreate.

I might be more exact, but to do so would only confuse, and my excuse for presenting this paper is to call attention to a subject of much importance to all

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practicians, as it is fast becoming more and more widespread; and it behooves the doctor to use his best efforts to remedy the defect when called upon.

The causes of sterility may be enumerated as follows:

1. I believe that many cases of this condition as well as of uterin disease in general are the result of loss of sympathetic nerve force, the effect of disease or injury arising from sexual demands.

2. An indefinit number of cases are undoubtedly the result of imperfect participation of the uterus in the sexual orgasm, and the consequent lessened respiratory action of the uterus.

3. Inactiv ovaries.

4. Inactiv condition of uterin mucosa.

5. Congenital deficiencies, anomalies of the hymen, and malformation of the congenital tract.

6. Arrested development of ovaries and tubes.

7. Excessiv acid reaction of secretion of vaginal mucous membrane, and catarrhal changes in the mucous membrane of the uterus and tubes.

8. Vaginismus; neurasthenia; exhaustion; physical decadence; nymphomania.

9. Amenorrhea; dysmenorrhea; narrow internal and external os.

10. Flexions; versions.

11. Laceration of cervix; profuse leucorrhea; endometritis.

12. Gonorrhea, especially with involvement of adnexa.

13. Constitutional diseases and conditions.

14. Neoplasms; myomas; malignant growths; hypertrophy.

15. Ingestion of certain articles of diet and medicins.

16. Obesity.

17. Incompatibility.

18. Higher education.

TREATMENT.

When a case applies for treatment for sterility, we must bear in mind the fact that not all cases are imputable to women. Indeed, "Dr. Vedder, who carefully examined 300 married women and their husbands who were childless, proved in effect that 70 per cent. of his particular cases were due to the man, either directly, in consequence of functional impotence or absence of spermatozoa, or indirectly, by infection of the woman by gonococci. In 30 per cent. of his cases the cause was due to the woman, and most generally owing to neoplasms or atrophy of the uterus."

Regarding the above quotation I will say that I believe the reverse holds true in this part of the country.

Therefore, if treatment, either indicated or tentativ, does not yield results within a reasonable time, we should proceed to investigate the husband's condition before we carry treatment further.

It behooves us to search diligently till we find the cause, and if found incurable the patient may be so informed; but I would advise all to go slow on this point, as our patient may become enciente, much to our chagrin and discomfiture. So, as before noted, search diligently for the cause. Get as complete a history of case as possible, for many factors may enter in, and heredity cuts a wide swath in helping us to arrive at a conclusion. The poet who said "every man is an omnibus in which ride all his ancestors" may have spoken concerning the very case you have in hand.

Slight or minor disorders of the ovaries or tubes are said more often to cause the condition under consideration than more severe troubles. This is because of the intricate and difficult adjustment of the pavilion of tubes to ovaries, as this relationship may be set aside by the most trivial vice of structure or disease.

Arrest of development or disease of ovaries seldom causes sterility, as both are rarely diseased at the same time. Likewise many women conceive readily in whom orgasm is deficient or absent.

General treatment embraces remedies from borax to key-tsi ching, a famous Japanese remedy, and on down to lawsonia inermis, a celebrated Arabian cure.

Probably our most beneficial remedies are belladonna, auric salts and electricity, combined with such local treatment as is indicated.

Tone up the nervous system and prohibit frequent coitus.

Tone up uterin mucosa, for conception may occur and result be blighted early if condition of mucosa is unfavorable.

For inactiv ovaries and atrophy, we have valuable aids in electricity, protonuclein, ovarin, thyroids, sabal serrulata, ignatia and such other agents as are indicated and tend to develop and bring to maturity.

In congenital deficiencies, anomalies of

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hymen and malformation of tract, the help of the surgeon must be had to remedy the condition if possible.

Likewise we must call the surgeon in cases of laceration; neoplasms and malignant growths; and as thought necessary in cases presenting myomas; however, it is supposed that they very seldom cause the condition.

Excessiv acid reaction of vaginal secretion may be often corrected by use of suitable alkalin douches; further treatment will consist in toning up the mucous membrane.

Catarrhal conditions of not too severe type may be treated by applying solutions of arg. nit. or iodized phenol; and in cases presenting markt hurt in endometrium the above is profitably used before applying the curet.

Of course, all malposition must be corrected as soon as possible. "Graily Hewett reports thirty cases dependent upon flexions and versions cured by remedying the abnormality."

Vaginismus, neurasthenia, exhaustion, physical decadence, nymphomania and all neuroses appearing demand careful investigation in order that the source of trouble may be discovered, and if possible, remedied.

Amenorrhea; menorrhagia: Since the days of Marion Sims, we have been taught that the chief reason for sterility, attributable to the woman, is narrowness or flexions of the uterin canal. But when it is remembered that the narrowest pin hole os will admit a sound on careful manipulation, which is many times larger than the self-propelling spermatozoid, it will be seen that this reasoning is scarcely satisfactory; and it is doubtless due to operative furor that the popularity of the stenosis theory of sterility continues. Since the time of Sims and Simpson, practically no form of treatment has been employed save some method for opening or enlarging the canal—a procedure which not only has been, as a rule, ineffectiv, but has been followed by morbidity and mortality, especially when slitting the cervix has been done.

Being satisfied with the effect of electric currents and accepting the evidence offered, we believe that we have in it a treatment far and away in advance of any other means known at present time. Sims' assertion that sterility can only be cured by surgical interference is untenable; rather use medication that raises the nutrition of the entire organism. And now we are told to feed or starve the woman according as we wish male or female progeny.

Constitutional diseases and conditions call for such measures as their respectiv types indicate.

In case of very large vagina, recourse may be had to artificial fecundation.

Avoid the use of articles containing tannin; also forego use of antiseptics.

In case of absence of ovaries, "Knauer has reported successful pregnancy following transplantation of ovarian tissue."

Obesity produces sterility by mechanical pressure and by excess of fat in the blood, which thus causes amenorrhea, and ripening and bursting of graffian follicle is thus prevented. The treatment is obvious. Always bear in mind that such cases may be the result of senile decay.

If gonorrhea has sealed up the ends of the tubes, their restoration is scarcely possible. However, as a dernier resort an explorativ incision will show if the condition be possibly remediable.

A noted American gynecologist has said that he "never knew a woman to bear a child after having had gonorrhea." This statement none of us believe.

Finally, in the treatment of sterility we should bear in mind the fact that each case is a law unto itself, and we should study it as tho it were the only case, remembering the great number of cases dependent upon slight causes.

CONCLUSIONS.

1. The great majority of cases of sterility are dependent upon slight causes.
2. The greater number of cases are curable.
3. Many apparently hopeless cases are curable.
4. Length of time a case has persisted is no bar to treatment, providing organic change has not obtained that precludes possibility of cure.
5. Treatment used must always depend upon the case in hand.

Los Angeles, Cal. S. L. KISTLER.

Some of the articles crowded out of this issue, but in type for next issue are: "Some Cases of Syphilis;" "The Sperm Cell is a Living Thing That has All the Potentialities of a Perfected Being if Given the Proper Environment.—Twins and Monstrosities Accounted for;" "Palliativ Treatment of Locomotor Ataxia;" "Personal Experience with Cannabis Indica;" "What is Eclecticism."

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Babe Born Without Eyes.

Editor MEDICAL WORLD:—Mrs. A. A., age 22, primipara. Was called March 19, 1902. Labor was normal and duration short. Male child, weight eight and one-half pounds. Child was blue, and no respiration. After persistent effort I succeeded in establishing respiration. The surprising feature was complete absence of the eyes. There were openings about an eighth of an inch in diameter, but no eyeballs whatever. Evidently there was no outgrowth of the optic vesicles. The child otherwise is healthy. A. K. YOOSUF, B.A., M.D.

Worcester, Mass.

Pin Worms.

Editor MEDICAL WORLD:—I noticed in the May WORLD, page 186, "a remedy for pin worms," given by Dr. W. A Spurgeon, of Muncie, Ind., which surprised me not a little. and I write to call the Doctor's attention to it that he may correct himself, for there is certainly a mistake. The doctor says: "Dissolve a lump of indigo about the size of a May cherry in a glass of cold water and give at bedtime." The fact is, water will not dissolve indigo, neither will alcohol; but it is easily dissolved by concentrated sulfuric acid. Adult dose of indigo pulvis, a scruple three times a day with aromatics. Much larger doses have been given, but it is apt to cause nausea.

I have had excellent success in removing "pin worms" permanently by administering internally at bedtime for a week a few drops of chloroform. J. J. MILLER.

Cobleskill, N. Y.

[We sent above communication to Dr. Spurgeon, who sends the following reply:]

Editor MEDICAL WORLD:—The answer to Dr. Miller depends upon what he means by solubility. Every lady who has used common indigo in the laundry knows that it is at least sufficiently soluble for all practical laundry purposes. A lump of indigo the size of a cherry will dissolve in a glass of cold water in a few minutes, and can be taken at a single draught. Try it. Yes, it sometimes produces some nausea, but can usually be taken in that quantity very well. It is an excellent remedy for "pin worms." It may not *always* cure, but I have never known it to fail.

Muncie, Ind. W. A. SPURGEON.

The hypodermic use of cocain is commended in morphin narcosis.

More Worms.

Editor MEDICAL WORLD:—Dr. Pollard's "Remarkable Case of Worms," page 185, May WORLD, is hard to beat, and I don't claim to beat it; but some years ago I prescribed for a big-bellied, emaciated, little girl, aged five, and the amount of worms discharged in twelve hours was almost incredible. The mother sent for me to see the sight, and I must say it surprised me. The old colored "mammy" said there must have been 200, altho not counted. They were from three to eight inches long. My prescription was:

Calomel.....grs. x
Santonin.....grs. v
M. ft.—Four powders. One every three hours, followed in six hours after last powder by castor oil ℥ss, with x gtts. spirits turpentine in it.

Lorman, Miss. M. K. SCRUGGS.

In response to Dr. Pollard's invitation (May WORLD, page 185), Dr. J. H. Pearce, of Falkner, Miss., reports the case of a boy of 4 years who passed 175 worms, under the old treatment, calomel and santonin, followed by castor oil and turpentine. The Doctor had, just before writing, delivered twins, boys, weighing 9 pounds each; the mother doing well.

A Peculiar Treatment for Erysipelas.—Pin Worm Expeller.

Editor MEDICAL WORLD:—I note on page 155, April WORLD, a treatment for erysipelas, simple form. A number of years ago I saw in the Virginia Medical Monthly the following treatment:

Three ten grain doses of calomel and three ten grain doses of saltpeter. Commence with the calomel and alternate with the other every half hour; dissolve the saltpeter in one ounce of water, each dose as wanted; after it has acted, commence with muriated tincture of iron, usual dose, or acid iron tonic, 10 drops to a glass of water, sweetened if desired and used as a drink. The acid iron tonic is made as follows:

Nitro-muriatic acid.....2 oz.
Sulfate of iron.....120 grains
Mix. Let stand 24 hours to digest. Dose as above.

I have used the above treatment in all stages of erysipelas, and even when the parts have swollen and blisters have formed; it seems to cut it short, and healing is facilitated. But when used at first showing and spreading, it stops it immediately; the fever and swelling go in

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10 hours and the cuticle will peel off in 24 hours more. I am subject to the trouble on exposure, or when facing a cold wind; and prior to my finding this specific, I came near dying from two severe attacks, which spread over the entire body, arms and legs. Since I found the above, I have aborted (in myself) three attacks at the start, and I have in the last twenty odd years treated about thirty cases with results as above—cure in 48 hours.

Dr. Burnett (May WORLD, page 219) asks for a good pin worm-expeller. Mix by heat soap (common soft soap is as good as any) and coal oil (kerosene), adding the coal oil as long as it will mix—about two parts of soap and one of coal oil. A tablespoonful of this beaten to suds with eight ounces of warm water should be injected. Retain for several minutes and pass off. I have never used anything else for about forty years. Inject thru a good sized catheter well up. This is rather "corn-stalky," but good for all that.

Brodnax, La. BEN. H. BRODNAX.

Enuresis.

Editor MEDICAL WORLD:—I would suggest that Dr. Baker (May WORLD, page 217) examin his case of eneuresis for phimosis. That is a frequent cause for such a condition. If there is no such condition, give his patient the homeopathic tincture of *equisetum hiemah* (scouring rash, or horsetail), one or two drops at a dose t. i. d. He can get it of Smith's Homeopathic Pharmacy, 107 Fourth Ave., New York, or any good pharmacy. Ask him to kindly report results.

MARK S. BOYD, B.S., M.D.

Corning, N. Y.

Diphtheria.—Cerebro-Spinal Meningitis.

Editor MEDICAL WORLD:—I admire Dr. M. S. Moore's treatment of diphtheria, as given in April WORLD, page 156. Tincture of iron should never be given in this disease. If Dr. Moore will give chlorate of potassa alone, he will have just as good results as from the combination he makes. Let him try it. I never use any other treatment but chlorate of potassa, after first moving the bowels well. I use it as a gargle as well as internally. I doubt the propriety of giving croton oil in such cases. I have practist medicin 47 years, and have never lost but one case. However, extreme cases will die under any treatment.

Same page: Let Dr. A. S. Haskin, of Lawrence, Mich., try small doses of morphin, $\frac{1}{8}$ gr., in mild cases of cerebro-spinal meningitis, and larger doses in severer cases, and see what fine results he will have; or he may use sulfate of codein. I have treated a great many cases in that way and have always had fine results.

W. L. KREIDER, M. D.

Prairie City, Ill.

Has any reader had any experience with jaborandi, or its activ principle, pilocarpin, in syphilis?

"Hot Flushes."—Fetid Perspiration in Armpits.

Editor MEDICAL WORLD:—Dr. H. J. Boughton, of San Francisco, asks for treatment for his wife for hot flushes (April WORLD, page 166). I am personally acquainted with the Doctor and his estimable wife, and if what I here suggest should prove worthy of a trial and succeeds in bringing relief, I shall be well repaid. It is a standing remedy with me for similar cases, and I consider it as nearly a specific as we find in medicin. Regarding such cases as neurotic, I prescribe accordingly. Whether it is an original prescription with me, or obtained from reading many years ago, I know not; all I do know is that it is a success. Here it is: Fl. ext. cimicifuga, ten drops in water three or four times a day. Sometimes it causes a heavy, severe headache. If that should occur, reduce the dose, but continue to take till relieved.

For Dr. Bell's case of young woman with trouble with her feet (April WORLD, page 164), if test showed no abnormal condition of urin I would suggest applying muriatic tr. of iron all over feet with camel's hair brush morning and evening. Confidently look for relief; but should that fail, wash the feet a few times with ordinary kerosene oil and continue iron application. An efficient but more troublesome treatment, and much slower, is galvanism twenty to thirty minutes twice a day.

"Druggist's Wife" asks for treatment for perspiration and bad odor in armpits. Here is a "dead shot:" Pot. permanganate ʒiv, aqua Oj. Dissolve. Apply freely with small sponge twice a day, allowing

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application to dry before putting on clothing.

J. LINSEY HILL, M.D.

Albany, Oregon.

Carbuncle.—Hot Flushes.

Editor MEDICAL WORLD:—Noticing Dr. L. C. Charbonneau's article in May WORLD on carbuncle, I am carried back to my youthful practise of six months' duration. Uncle J. H. S., age 73, farmer, moved to our village, crippled as many thought with "rheumatiz"; developt carbuncle. Location from the vertex down to spinous process of first dorsal vertebra, including laterally all tissue in a line drawn from vertex down past border of each ear, then to first dorsal—in plain language, all of back head and neck down to first dorsal. Pulse 135 to 140, temperature from 103° to 105⅘°, respiration from 30 to 50 per minute; urin, specific gravity 1,010, albumin present, also sugar. The entire mass gangrened and had to be removed. Began treatment: peroxid of hydrogen (Marchand's) was used in form of a compress in absorbent cotton covered with oil silk; homeopathic remedies prescribed: Ars. 30x, lach. 30x, anthrax 200x, dig. 3x, phyt. 3x, as indicated. Recovered, and now, past twelve years, walks around as a living monument. To what shall I ascribe the cure? The young M.D. got no praise, neither did the nurse. I learned how to use a poultice, and how to administer remedies. I have no use for calcium sulf. or hepar sulf., as we homeopaths call it, in this malady, as it prolongs the trouble.

In regard to hot flushes at the menopause, I have in certain cases prescribed lach., sepia, etc., when indicated, blank tablets in others, nux vom. in still other cases; also eucalyptus glob. in some cases. The blank with positiv suggestion seems to benefit more cases than drugging.

I am not a hypnotist, but certain neurotic tendencies are benefited by a kind, *positiv talk* to patients on their trouble, assuring them that they are going to recover from sensations so aggravating and distressing.

J. F. WOLLAM, M.D.

Jerry City, O.

Professor Robert T. Morris advises the injection of tincture thuja after evacuating ganglions. He declares that its hypodermic use will remove even the pulsating nevi which have resisted the electrical current.

A Letter From a Quack's Office.

The following letter from the office of a quack who has branch offices in several large cities, fell into the hands of one of our subscribers. It speaks for itself. Here is the letter:

"In this office, when the doctor has got all the money he can out of the patients (he will work them over for first one thing and then another), and when he sees that he must get rid of them in some way, he tells them that all they need is to wear one of our Vertebro-Meningeal Appliances. Of course it is nothing but an electric belt, but it would not do to call them belts. The doctor proceeds to make a careful measurement from the base of the brain to the end of the spinal column. He also makes lateral measurements and tells the patients he will have to have them made for him specially, and requires them to make a deposit and to call later for the Appliances. This will give you time to make an order from the Electrical Appliance Company, Burlington, Kansas, so you may use the enclosed envelope in ordering from the company. When placing your order, tell them to send you one dozen of the same kind they sent to the * * * at St. Louis, Mo. They cost $20.00 per dozen, and be sure to stipulate that they must have the chamois covered electrodes."

"The doctor here gets from $10.00 to $40.00 for Appliances."

Our subscriber also informs us that the quack's "celebrated cure for varicocele" consists of the application of a mixture of flour and red pepper, and tr. of capsicum and water, to the scrotum. The flour and pepper mixture has been sold to patients at $5, $10 and $12 per box. Our subscriber writes that he will place the testimony in his possession before the State Board of his state.

Rabies Not Communicated by Eating Flesh of Animals That Died of Rabies.

Editor MEDICAL WORLD:—In a recent issue of THE WORLD, Dr. A. P. Jackson, of Oakfield, N. Y., desired to know if dogs having eaten the flesh of a rabid cow were liable to contract hydrophobia.

No.

1st. The rabic virus is confined to the central nervous system and the largest nerve-trunks and nerves, and to the salivary glands. It may be present in very small quantities in the mammary glands, tho many investigators have failed to demonstrate its presence there.

2d. The rabic virus may be ingested with impunity, provided the mucous membranes be in a normal condition.

GEO. GIBIER RAMBAUD, M.D.

Director New York Pasteur Institute.

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The Injection Treatment of Hemorrhoids.

Editor MEDICAL WORLD:—As I have seen recently several articles in THE WORLD regarding the treatment of hemorrhoids by the injection method with different formulas, I wish to give to the WORLD family my experience with the injection method. After several years of experience I cannot conscientiously recommend it, only in selected cases. Several years ago I studied this mode of treating piles under an old physician who made the treatment a specialty and had splendid success, rarely ever necessitating his patients to stop their business while being treated. He had been using the following formula, and in an extensiv practise had met with no failures nor serious accidents. The formula was as follows:

℞

Tannin	grs. xx
Carbolic acid (pure)	ʒij
Distilled water	ʒij
Glycerin	ʒiv

Dissolve the tannin in the water and add the other ingredients and mix well.

Sig.—Inject from 10 to 15 or 20 drops in the base of the tumor; only one tumor to be operated on at a time.

Usually there is very little pain attending the treatment, but the tumor sluffs and is entirely removed, leaving a raw surface, which heals in a few days. Then another tumor is treated, and so on till all are cured. I have followed his plan for several years, and usually with perfect satisfaction to myself and patient. Very large tumors, and those very near the verge of the anus I would not treat with this method, as it gives more pain than the ligature, or clamp and cautery. Small tumors high up in the rectum are cured surely and with scarcely any pain.

Martin, Ga. T. H. LYON, M.D.

Novel Method of Conducting a Medical Examination.

Editor MEDICAL WORLD:—The present mode of examining is entirely unjust to the examinant, as it gives the examiner an unfair advantage over the latter. Each examiner should provide himself with 80 to 100 cards of the size of a postal card, on each of which three or more subjects are written. The examiner mixes these cards (face down) before the candidate and allows him to draw three or more of them to read aloud the subjects on these cards. The examiner then can choose any or all of these subjects for examination, but is not allowed any question outside of them. F. G. OEHME, M.D.

Roseburg, Oregon.

Injections of Ether for Sciatica.

Editor MEDICAL WORLD:—Noting your editorial in March WORLD on sciatica, I thought that I possibly might suggest a little of interest in addition to your excellent advice in relation to its treatment.

Man, 47 years old, was taken over a year ago with a severe pain in line of right sciatic nerve due to exposure. I tried small blisters along the whole course of the nerve, and numerous applications with massage, applying with much friction carbon bisulfid, guaiacol, etc., with usual internal treatment, with only temporary relief. He went to a hospital for six weeks where he was treated with electricity and persistent massage, with only transient improvement. After his return I persuaded him to let me try the ether injection treatment, which I instituted by injecting ½ dram down to the nerve at two of the most sensitiv points three times a week. By the second week improvement began to be unmistakable and continued until now he is nearly cured. It has been over two months since the last injection, but continued massage with chloroform-aconite liniment has been practist considerably since. He is now able to attend to ordinary business with very little inconvenience. He also took for a month full doses of conium after meals for alterativ effects, which appeared to aid the cure.

W. C. DERBY, M.D.

White Cloud, Mich.

"Pink Pills."—Acetanilid Tablets.—Prevention of Chloroform Vomiting.

Editor MEDICAL WORLD:—In your issue for May, page 217, Dr. S. J. Smith asks for the formula of Williams' pink pills. It is said to be as follows:

℞

Ferrous carbonate mass (Blaud)	3 grs
Aloin	1/10 gr
Manganese dioxid	¼ gr
Ext. damiana	¼ gr
Zinc phosphid	1/15 gr
Arsenious acid	1/100 gr
Strychnin sulfas	1/120 gr

The same writer asks if the following

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formula can be given, two tablets once a week, without harm:

Acetanilid	grs. 2
Camphor monobrom	grs. ss
Caffein (pure)	grs. ss

Make one tablet.

I have used these tablets for many years in much more frequent, tho never in larger, doses than Dr. Smith suggests, and in many cases, and have never seen any unfavorable results. I would not give them, however, in a case where the heart's action is specially weak. I know one man who buys them in 500 lots and uses them, apparently without injury, whenever he has a headache.

Another of "The Brethren" is interested in preventing vomiting after chloroform anesthesia. I noticed recently in a medical periodical that Fraenkel uses:

Morphin mur	20 grs
Atropin sulf	2 grs
Chloral hydrate	35 grs
Distilled water	2,100 grs

He injects 15 to 20 minims subcutaneously before beginning the anesthesia, and says that, altho he has used this solution in thousands of gynecological and obstetrical operations, he has never had any untoward results; on the contrary, many unpleasant effects of chloroform anesthesia are obviated by its use.

ALBERT D. WATSON, M.D.
Toronto, Can.

Epilepsy Cured by a Severe Burn.

Editor MEDICAL WORLD:—I take the liberty of sending you a history of a case of epilepsy, evidently cured by a very severe burn. I say cured, because so much time has since elapst and no return of the disease. Mr. A. E. A., now about 69 years old, when 21 years old started from Stockton, Cal., to New Mexico, in company with seventeen others. While passing thru the mountains of Nevada, they were attackt by Indians, who had only war clubs. The Indians were finally driven off and all the men except one were hurt, more or less. Mr. A. was found unconscious, with back of his skull fractured; was tied on a mule and carried seven days in that way before regaining consciousness, but finally got well. During the Civil War, served in the Confederate Army from the beginning to the ending; returned home in June, 1865, and in August of same year began having epileptic convulsions. At first only from two to four per month, but soon became very frequent. Various remedies were used, but no permanent benefit derived. During the month of December, 1885, alone in his room, after night, at his brother's, while reading by lamp light and holding his paper on opposit side of lamp, a convulsion came on and he fell backward and pulled lamp over, breaking it, spilled the oil over him, which ignited and set his clothes on fire. His brother, in another part of the house, heard him fall and went to his assistance. Three of his fingers on left hand were so badly burned I had to amputate them. His arm was burned to shoulder and same side from axilla to below crest of ilium, measuring in length 16 inches by 11 inches wide. The man nearly died from effect of burn, but after two or three months recovered.

From the date of that burn to present time, nearly seventeen years, he has not had any symptoms of epilepsy; in fact, has had no sickness at all since. Will say, previous to the burn, his mind was becoming injured, but since, it has been good. Is a man far above the average in intellect. I would be glad to have your opinion as to how the burn cured him.

J. W. BROCIAUGH, M. D.
Montrose, Mo.

Treatment for Epilepsy.

Editor MEDICAL WORLD:—I suggest that Dr. Moser should give his epileptic case reported on page 119, March WORLD:

℞

Strontium brom.	ʒiiss
Sodium brom.	ʒiij
Potassium brom.	ʒvj
Ammon. brom.	ʒij
Distilled water	ʒviij

M. S.—Tablespoonful in water four times a day.

Also:

℞

Hydrocyanate of iron	grs. xxx
Powdered ext. of hyoscyamus	grs. xx.

Mix and make 20 capsules.

S.—One three times a day before meals.

Persist in these remedies, regulate the diet and keep the kidneys and bowels activ.

E. E. GILMORE, M. D.
Adrian, Mo.

Dr. A. L. Moore, of Letart Falls, O., wishes to report that the case of prostatic hypertrophy and cystitis which he reported last September has been very gratifyingly benefited by the use of syrup hydriodic acid, one or two teaspoonfuls

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one hour after meals, suggested by Dr. C. H. Althous, 11 Montague Terrace, Brooklyn, N. Y. He also wishes to acknowledge communications concerning the case from many others.

The Doctor's Office.

Editor MEDICAL WORLD:—I am an M.D. in embryo, so I view this subject from the vantage ground of a layman. It is a fact that continuous association with unsightly objects has a certain specialized influence over the perceptiv faculties of the mind that causes an individual to become blinded to their tattered, untidy appearance, and, in short, to lose sight of the fitness of things. Hence, it is not surprising that the busy doctor, pincht for time from early morn till the wee small hours at night, passes by, unnoticed, the gradually increasing dinginess of the walls and hangings, worn sofas, and out-of-date literature found in the average office.

A doctor's office should not necessarily be filled with a profusion of meaningless hangings and bric-a-brac, such as we see in many inartistic parlors, but it should be supplied with furnishings and hangings selected with special reference to comfort, durability and appropriateness. Good reading matter is possibly the most practical entertainment for all classes of people; but a large plate-glass mirror, conspicuously placed, has proved in some instances a "howling success" in the way of furnishing entertainment for the lady patients.

The appearance of the office is too often the criterion by which the skill of its occupant is estimated, thus proving to the observant man that suggestion plays a greater part in molding the opinions of folk than is dreamed of in the philosophy of most men.

As this is the closing of spring, the time for renovating, it behooves the progressiv physician to catch the spirit of the season, and give some attention to the appearance of his office. Let him be sure to remember that the long weary hours of waiting spent in the doctor's office are not abbreviated by uninviting, dingy surroundings. Money spent in fitting up a cozy, cheerful office, and supplying it with attractiv popular magazines for the entertainment of patrons while waiting, is the best possible investment a physician can make, and is sure to assist in winning prestige, confidence and patronage.

MINFORD A. HANNA, M.D.
Carthage, Mo.

What Supplies Should be Carried by Country Doctors.

Editor MEDICAL WORLD:—Thinking that others who must carry their drug-store with them as I do might be interested on this point, I will give an idea of what my equipment is when away from the office. Of course I do not hold this up as a model selection of drugs, but it is my selection—such as I feel to be the best that I can make. Different seasons of course require some change in the contents of a case. I give it as I have it at the present season of the year.

My medicin case is 11x6x6 inches and contains 54 bottles, beside a space for sundries. Of the largest size, there are three, which contain 3 ounces, and are filled with quinin sulfate, sodium salicylate and syrup hypophosphites compound. There are four screw-cap, glass-stoppered bottles, holding cough syrup, chloroform, tincture of iron and carbolic acid. Twenty-four one ounce bottles containing of powders: potassium chlorate, Dover's powders, boric acid, subnitrate of bismuth, bromid of potash, pepsin powder with charcoal, acetanilid, and ammonium carbonate; of liquids: elixir of pepsin and pancreatin, syrup ipecac, solution acetanilid in alcohol, fluid extract valerian, aromatic spirits ammonia, tincture opium, tincture digitalis, tincture opium camphorated, tincture cardamon compound, fluid extract ergot, tincture nux vomica, syrup quinin, spirits niter, glycerin, and fluid extract of corn silk. Twenty-four three dram bottles containing in tablets: calomel and soda, calomel, soda and ipecac, calomel and santonin, dyspepsia, aloin compound, tonic strychnin, heart stimulant, anti-cold, anodyne, morphin, and sulfo-carbolate of zinc; in powders: chloral hydrate, cerium oxalate, caffein citrated, opium, monobromated camphor, and potassium permanganate; in liquids: Fowler's solution, muriatic acid dilute, tincture of gelsemium, tincture of veratrum, and tincture of aconite, the last two specific.

In the supply space are two sizes of capsules, envelopes, folding boxes, labels and any special medicin that I may need.

Beside the large case, I carry a small

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pocket case in which are tablets of codein sulfate, infant anodyne, digitalin, glonoin, ergotin and a few others like those in large case.

In my hypodermic syringe case are tablets of morphin and atropin, strychnin nitrate, apomorphin hydrochlorate, and atropin. Of course, I always have with me a thermometer and pocket instrument case.

My obstetrical bag is also an emergency case, and is filled with Hodge's forceps, placenta forceps, uterin dilator, chloroform, Esmarch's dropper and inhaler, vulsellum forceps, three curets, dressing forceps, perineum needle, catheter, ergot, vaselin, quinin, glycerin, hard rubber syringe, iodoform gauze, hemostatic forceps, bichlorid tablets, and cotton. The obstetrical bag I do not always carry, but it is always packt and can easily be found if sent for.

Altho this list seems long, so varied are the demands of practise that this supply often falls short.

I would be very glad to hear what others carry with them, and I believe we could all be benefited by an exchange of thought on this subject.

Chelsea, Ind. H. A. GILTNER, M.D.

[This is a very practical topic. An exchange of thoughts along this line would be very helpful indeed. Along this line of thought, we here append a prize list of 25 remedies for the physician's medicin case, which appeared in the Medical Standard for last January.—ED.]

PRIZE MEDICIN CASE NO. 1.

1. Acetanilid is well used as an antineuralgic and in many painful conditions in place of an opiate. It does well in some cases of acute rheumatism. The temperature in fevers is rapidly reduced by the drug. It is best administered in powder or in brandy.

2. Aconite, Tr.—A cardiac and circulatory sedativ. It is useful in the early stage of many inflammatory troubles and as an antipyretic in children. Neuralgia is benefited by local and internal use of the remedy. Hemorrhages of brain, lungs, etc., are controled by its depressant effect upon the heart. It is best prescribed in fractional drop doses frequently repeated.

3. Acid, Boric.—A mild antiseptic used in conjunctivitis, otitis media, naso-pharyngitis, stomatitis, coryza, some forms of cystitis, proctitis, colitis (in the latter disease it is used by injection). A fine remedy in burns and scalds. It is best used in solution.

4. Acid, carbolic, 95 per cent. sol. Is used where a stronger antiseptic is needed, but may be used in various solutions as a general antiseptic in inflammation of the eye, ear, nose and throat. It is our best antipruritic. Internally combined with bismuth it acts favorably in fermentativ troubles, diarrhea, vomiting, etc., in one minim doses.

5. Ac. gallic is to be used internally in solution in hemorrhages from the lungs and kidneys or other non-accessible locations.

6. Ammonia, arom. spt.—A rapidly acting circulatory and respiratory stimulant to be used well diluted in sudden heart failure or clot, shock, snake-bite, or depression from any cause where it is permissible. It is also a good expectorant and antacid.

7. Amyl nitrite pearls to be used in every local or general spasms, as in asthma, angina pectoris, strychnin poisoning, epilepsy. It may prevent an on-coming spasm.

8. Apomorphin hydrochlorate, given hypodermically in doses of 1-20 to 1-5 gr., is the drug to be employed where a rapid emetic is needed. In 1-32 gr. doses it is a good expectorant. Would not advise its use for the extremes of life.

9. Atropin sulfate tablets, 1-120 gr.—Our main reliance as a vasomotor stimulant to be used in shock or collapse from disease or injury. In pneumonia and typhoid fever, when our patient's skin is moist and relaxt, and he is in a state of collapse, it should be given hypodermically until its effects are manifest. It is well used in combination with morphin for relief of pain.

10. Bismuth subnitrate alone or combined with other remedies is largely used in gastro-intestinal derangements after the digestiv tract has been eliminated of mucus and putrefactiv material by a purgativ. It is used locally in many skin diseases for its sedativ action.

11. Calomel tablets, 1-5 gr., which may be pulverized, given every one-half hour until a grain or more is taken constitutes the early treatment of the majority of diseases. It acts as a gastrointestinal antiseptic evacuant, antiphlogistic. It is especially useful in cholera infantum, ptomain and kindred poisonings. Some cases of eczema are well treated by calomel.

12. Chloroform (pure) by inhalation is used in labor, renal and hepatic colic, and spasmodic conditions in general. It should be given by the drop method. Internally, in capsules, it is useful as an antispasmodic and antiferment. Locally, it may be used in liniments for painful condition of superficial nerves.

13. Chloral hydrate is the best hypnotic we have. It may be combined with morphin if pain be present. Tetanus, strychnin poisoning and convulsions in general are best treated by this remedy. It may be prescribed in syrup or water, or in starch water for rectum.

14. Digitalis, tr., is the heart tonic. Cases of cardiac asthenia, dilation, mitral insufficiency, aortic stenosis and other cardiac troubles, combined with rest, are greatly benefited by digitalis. Digitalis is by no means a poor diuretic, but the infusion is the remedy in kidney trouble. Some advise the use of digitalis in pneumonia.

15. Epsom salts is depletant as well as a quickly acting purgativ. In dysentery it is the only remedy in the beginning. It can be used

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in dropsy, peritonitis, enteritis, carbolic acid poisoning, kidney troubles. The bitter after taste may be modified by peppermint "drops" held in the mouth.

16. Ipecac, fl. ext., has a useful field among children as an emetic and expectorant in naso-pharyngitis, trachitis, laryngitis and bronchitis. As an emetic it is well used if no emergency exists. It has a stimulating action upon the digestiv tract.

17. Morphin sulph., ¼ gr. hypod. tablets, gives relief in pain, insomnia, irritation, inflammation, oversecretion and nerve-strain, and has a wide range of usefulness, but is the much abused drug. Some use it as a panacea for all ills. It is best given hypodermically.

18. Nitre, spt. dul., combined with tr. aconite and potass. citrate form a good combination in the beginning of inflammatory conditions and the exanthemata of children and young persons. A pure article is required to get results. As a diuretic, nerve sedativ and antipyretic, it is worthy of mention.

19. Potass. bromid has its field in the disorders of the nervous system, such as epilepsy, convulsions, insomnia, nervous coughs, headache, or in cases where we have nerve irritation. It is best prescribed in solution. It may be added to cough mixtures in place of opiates.

20. Potass. Citrate.—In combination with aconite and nitre in acute tonsillitis pharyngitis the exanthemata-bronchitis or other acute inflammations in the young. In many genito-urinary diseases it is a useful remedy.

21. Quinin sulfate, the foremost antimalarial agent, is the remedy for all malarial troubles, and it may be said to do good where it reduces the temperature, in 15–20 gr. doses per diem. In septic conditions it is very beneficial, and as a reconstructiv it is one of the best, but the remedy is often abused. It is best prescribed in capsules and syr. yerba santa, arom.

22. Castor Oil.—Its main use is to clear out the alimentary tract of mucus and putrefactiv material in cases of intestinal disorders of children, as in enteritis, enterocolitis, colitis, dysentery, etc. I have found it far superior to calomel or syr. rhei. for the above cases, given in teaspoonful doses when the temperature begins to rise, but not oftener than every twenty-four hours.

23. Sodium salicylate has no equal in acute rheumatism and kindred troubles. It is very often used in neuralgia, la grippe, tonsillitis, pharyngitis, septic condition and the exanthemata. It is best prescribed in solution.

24. Salol is a remedy of great value in la grippe, rheumatism, typhoid fever, intestinal troubles, tonsillitis, pharyngitis and muscular rheumatism. It is prescribed in capsules. In chronic bladder and urethral troubles it is well combined with ols. gaultheria, santal or eucalyptus.

25. Strychnin Sulf., tablets $\frac{1}{60}$ gr.—This drug fills a very important place as a cardiac and respiratory stimulant, to be used in shock from accident or collapse from disease. It is the remedy for catarrhal pneumonia in the infant and aged, and also in croupous pneumonia it fills a place that no other drug can fill. When your patient is below par, strychnin will often help him. Chloroform narcosis must be treated by the drug. In all cases of nerve depression strychnin will be beneficial.

Georgetown, Mo. B. W. HARRIS.

Fracture of Both Clavicles.

Editor MEDICAL WORLD:—A short time ago I was called to a case where a young man had both clavicles fractured; the right one was fractured near the inner end, the outer fragment being driven in behind the sternum; the left one was fractured at the outer third.

Surgical works give the various methods of treating a fractured clavicle, its management usually involving the use of a sling for the elbow and forearm. But the traditional practise seemed inadequate to a case wherein *both* clavicles were fractured.

I put the patient on a stool and directed one assistant to lift upward under the elbows, while another assistant stood behind and pulled backward on the point of the shoulders thus reducing both fractures. Then I made a figure-of-eight shoulder brace across the back with plaster-of-paris bandages, and followed with a complete plaster splint of the thorax, shoulders and neck, the assistants meanwhile holding the shoulders in position as described. I extended my splint about half way down the upper arm, allowing patient the use of forearm and hand at table. The result in this case was good.

Ennis, Mont. T. B. MARQUIS, M.D.

Eclecticism.

Editor MEDICAL WORLD:—In answer to W. M. Alter, M.D, May WORLD, page 197, will say that in examining the history of the Eclectic Medical Institute, by H. W. Felter, M.D., we find that the father of American Eclecticism was Dr. Wooster Beach. He started the reformed medical movement in the city of New York in the early years of the nineteenth century. It is a good plan, brother Alter, to Alter-nate; for there is good in all. S. E. DEMUTH.

Cecil, Ohio.

[We have a very full reply to Dr. Alter's questions, from a high eclectic authority, in type for next issue. Also another in Ms. from another high eclectic authority, which we hope to get in next issue.—ED.]

THE WORLD has been a fountain of help to me.—Dr. J. Shultis, Heathcote, Ont., Canada.

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Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

The following questions have been askt by one or more persons, and are all placed under one head to save space in the Query Department:

1. What is the best stock prescription for diarrhea of various kinds and in different aged persons?

Answer.—The following will be found effectiv in nearly every case from childhood to old age, is pleasant and acts quickly. The prescription is best followed by a saline purge after the diarrhea is checkt:

Sodium salicylate	12 grains
Bismuth sub-nitrate	3½ drams
Oil myristica	½ dram
Thymolin, listerin, or such antiseptic solution	1 oz.
Fluid extract catechu compound	1 oz.
Glycerin, Water } of each enuf to make	3 ozs.

Mix and direct a teaspoonful every three or four hours. The glycerin and water may be replaced by paregoric if there is great pain or tenesmus. The dose is reduced in regular ratio for those under adult age.

2. What is the most judicious method to pursue when threatened with a suit for malpractise by a patient in whom good results have been obtained, and who owes me a large bill?

Answer.—Send your bill and force collection at once; make bill the maximum allowed in your fee table; charge double rates for Sunday and night calls. Say nothing about the threat, and the matter will generally be dropt. No practician should ever own property in his own name. This is the safest protection; and if married, and judgment has not been given, you have time to make a legal transfer. Few states, if any, will permit a levy on a physician's horse, buggy, drugs or other "implement of his trade." When guilty of carelessness or neglect, be fair with the injured patient; but when innocent, resist to the death every attempt at blackmail. Juries are generally hard on those accused of malpractise in medicin, but proven blackmail nearly always recoils on the head of the accuser.

3. What is the quickest and cheapest medicin to give for gaseous distention of stomach with painful eructations, when the patient's diet cannot be controled?

Answer.—Chloroform water in tablespoonful doses every 20 minutes till relieved or four doses are taken; one usually suffices. Give in its purity, without adding water. Chloroform water is made by adding one dram of chloroform to a pint of water and repeatedly agitating; considerable residue will remain in bottom of bottle, but it is not necessary to decant if care is used in dispensing. The effect is certain, the taste is pleasant, and the cost almost nothing.

Editor MEDICAL WORLD:—There are two subjects about which there seems to be a difference of opinion, both of which I believe will prove an interesting topic for discussion. Personally I would like to have the editor's opinion, especially as he can give us the opinion of modern writers as well as his own. First, should diphtheritic antitoxin be given in membranous croup? Second, in peritonitis should we give saline laxativs, and thereby give free action to the bowels, drain off products of inflammation, relieve the engorgement and prevent the tendency to the formation of adhesions, or should we give opium? The first method is recommended by many good writers.

NEW YORK.

[The preponderance of authority favors the use of diphtheritic antitoxin in membranous croup. We use the salines in peritonitis generously. An editorial will

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appear shortly on the latter subject, but meanwhile let the brethren give their experience and views.—ED.]

Editor MEDICAL WORLD:—Why not have something on psychology, suggestion, hypnotism, etc.? They are certainly greatly neglected factors in the treatment of the sick.
Madrid, Iowa. L. A. STURGEON, M.D.

[All right, Doctor, what have you done in this line? THE MEDICAL WORLD is a "medical class meeting," or experience meeting; a place where doctors tell what they are doing, and how they are doing it. Let us hear from you. Also what have others done by means of suggestion?—ED.]

Editor MEDICAL WORLD:—Please give formula for "orange elixir," used as a vehicle.
Jordanville, N. Y. A. MILLER, M.D.

[The "orange elixir" for which you inquire is evidently the "Aromatic Elixir" of the National Formulary. The preparation is tedious, but if you do not have the book, and wish instructions, we will advise. We suggest that you purchase in quantity at low rates in preference to preparing personally. Full directions would occupy columns which we dare not spare while THE WORLD is so crowded. Glad to hear from you at other times.—ED.]

Editor MEDICAL WORLD:—I have a patient that I would like to ask my WORLD friends about: A young lady, apparently in good health, loses her toe nail from each one of her great toes. Just as soon as the nail gets even with the end of the toe the nail dies and comes out by the roots. None of the other nails are affected. W. C. B.

[The shedding of nails from the effects of mal-nutrition is no uncommon occurrence, but we have never heard and can find no record of a case in which the affection was bilateral and only affected one toe of each foot. It is certainly an interesting case. Is there suppuration or pain? Have you seen that her shoes fit properly? Might she have a recurrent "run-a-round"? Write us again and give all details and symptoms, but make them clear and concise.—ED.]

Editor MEDICAL WORLD:—Would like to ask the profession thru your valuable journal for the best treatment for tobacco poisoning. Use has been excessiv and long continued, principally by chewing; diagnosis is clear. Will report case later. W. THOS. NORCUTT, M.D.
Kedron, Ark.

[Forbid any further use of tobacco. Many fear to stop at once, but if patient is not advanced in age, no harm can come from instant cessation of the habit. Put him immediately on full doses of strychnin, say $\frac{1}{70}$ to $\frac{1}{30}$ of a grain every six hours, and if he has enuf will power he can soon cease to use the drug. Elimination of nicotine from the system may be hastened by Turkish baths or the hot pack.—ED.]

Editor MEDICAL WORLD:—
1. What are the best local aphrodisiacs, and how use them on both sexes?
2. In relieving obesity, how much or what per cent. of reduction is the best guide for discontinuance of treatment?
3. Is crude petroleum valuable in pulmonary tuberculosis? How prepare and give it?
Texas. G. P. G.

[There are no satisfactory local aphrodisiacs for use of either sex. Many have been commended, but none have stood the test of extended trial. Sexual excitement is supposed to originate in a central part of the brain, and may be intensified by, but could hardly be aroused by, local applications.

The best guide is the former weight; stop treatment when that is reacht.

Petroleum has some value in tuberculosis, but it cannot be made palatable by extemporaneous dispensing. It is best given in emulsion, and can be thus bought much cheaper than you can prepare it.—ED.]

W. D. V. asks for the formula of a certain proprietary corn cure.

[We do not know the formula, and it is not given by any of our references. Its being white would exclude a common and efficient pain-annulling corn destroyer, i. e., fluid extract cannabis Indica. We think you could make a satisfactory plaster by incorporating cannabis Indica, salicylic acid, and oxid of zinc ointment, stiffening, if necessary, with beeswax or paraffin.—ED.]

Editor MEDICAL WORLD:—Find inclosed $1.00 for WORLD and accept thanks for the continuance of THE WORLD, as I am ever glad to meet it in my office. It is the best counsel that I get. It is a ready help in time of need. I would like to have the WORLD family give the best treatment for inflammatory rheumatism, as I have a case that I and two other doctors have failed to cure. W. H. BRIDGES, M.D.
Weiss, La.

Editor MEDICAL WORLD:—Can you give me the composition of "Kentucky Beautifier?" and is it harmful to use? Also, is the hydro-

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vacuum treatment for the complexion of any benefit? An answer in THE WORLD will oblige

Nova Scotia. DOCTOR'S DAUGHTER.

[DEAR DAUGHTER:—As you, thru your father, belong to the WORLD family, a parental reproval is now due you. If you had askt your father, he would have told you that a perfect complexion is a sequence of perfectly acting systemic functions, and can never be obtained by local applications. The very name of "Beautifier" is enuf to brand it as a "fake" and fraud. We do not know its composition. Never spend money or time on such preparations. We think you will not find the effect you hope for in the use of the hydro-vacuum treatment, and you would better let it alone. It is possible to soften the skin by repeated nightly applications of glycerin, and it is said hollow spots may be coaxt to fill with fat by long continued inunctions of cod-liver oil or lanolin. It is possible to bleach the skin of the face by wearing a chamois skin mask, thus causing excessiv perspiration, every night for a considerable time. It is so uncomfortable that few can wear it a sufficient length of time to get results. No internal remedy does any good. If you want a perfect complexion, adjust your diet so as to attain perfect digestion; see that the bowels move freely; bathe twice weekly with plenty of friction with the towels; take enuf activ exercise to produce abundant perspiration; shield the face and hands from tan, and you will have a perfect complexion, and will not have disgraced a doctor's daughter by paying her father's hard earned money to a scheming fakir. Now, dear daughter, "take your grand-daddie's advice." We are always glad to hear from "our daughters," for the "old man" likes the girls.—ED.]

Editor MEDICAL WORLD:—April 6, 1902, at 1 p.m. I was hastily called six miles to see Mrs. M., age 43 years. She was having some hemorrhage from the uterus. She informed me that she had missed three months, and thought she was pregnant, judging from previous pregnancies. On examination I found cervix dilated some; no blood at that time. So I put her on fl. ext. of ergot one-quarter teaspoonful (or 15 drops), tr. opium 10 drops, every two to four hours; requested her to lie quietly in bed. She got along well up to the 8th. She was then taken very suddenly with pain and a discharge of blood clots. They sent for me, and I arrived several hours later. They had kept everything they could collect in the chamber for me to see. I found dark clots and a membranous substance; on breaking up one large clot I found a fetus 1¾ inches long, about the size of a half-grown mouse, with nothing attacht to it. I cleared the vagina of all blood clots, dressed patient, kept up ergot in 10 drop doses every three hours, and strychnin 1 40 gr. every six hours, as she was very weak. She had miscarried once before and had several spells of hemorrhage during her child-bearing period.

The questions with me are: Was she three months gone with a fetus no larger than this, and did the ergot have anything to do with producing the abortion? I am a young M.D. and haven't missed one copy of THE WORLD since I began practise. WM. GURGAUNS.

Alabama.

[It is no rare occurrence for a woman to miss one or two menstrual flows before becoming pregnant, and naturally the "three months" fetus in such case would be very small; it may have been no more than two months. We seldom use ergot after a miscarriage where the uterus has emptied itself; should anything be retained, it is safest to curet thoroly. Curettement is then very easy, since the passage of the fetus has the os well dilated. The expectant treatment by ergot in cases where there is doubt as to complete expulsion is not now recognized by any authority as a safe or scientific treatment. Make it a rule to read up every case that may perplex you, in books from the standard authorities. Besides, you should accomplish a definit course of reading every year—say one year on obstetrics, another on diseases of children, etc. If you will do this every year, at the end of 10 or 15 years you will find yourself to be an acknowledged authority among the physicians of your county.—ED.]

Editor MEDICAL WORLD:—Please give formula for Prof. Hubert's Malvina, manufactured in Toledo, O. I enclose a label.

Oroville, Cal. P. F. BULLINGTON, M.D.

MALVINA CREAM.

Prepared by Prof. I. Hubert, inventor and proprietor, Toledo, O. "Warranted to remove freckles, beautify the complexion and preserve the smoothness of the skin." Used in conjunction with Malvina Lotion. According to our examination it is as follows: Put up in a white glass ointment jar, containing 386 grains of a white, pleasant appearing and pleasant smelling ointment, which consists of white wax, white petrolatum, a bismuth salt, and mercuric chlorid in very small quantities. We recommend the following formula as one which will make a preparation closely resembling the original:

Take of—

Saxolin	265 gr.
White wax	50 gr.
Spermaceti	30 gr.
Bismuth oxychlorid	40 gr.
Mercuric chlorid	½ gr.
Spirit of rose (4 drams of oil to 1 pint)	20 minims.
Oil of bitter almonds	½ minim.

Warm the saxolin, white wax and spermaceti together until melted. While cooling incorporate the bismuth oxychlorid and the mercuric chlorid, this last previously dis-

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solved in a little alcohol, and when nearly cold stir in the perfumes.—New Idea.

MALVINA LOTION.

"AN ADDITION TO MALVINA CREAM."

"This lotion should be used as directed with the Malvina Cream, as it is of great importance to cure freckles, pimples, moth patches, liver mole, ring-worm and salt rheum. It straightens wrinkles in face, speeds the respiration of the blood, cleanses and softens the skin to youthful freshness."

Put up in a white glass, square bottle, holding 4½ fluid ounces of a milky-white fluid, with a powder in suspension. No quantitativ estimates were attempted. In solution we found mercuric chlorid, and the powder in suspension is a carbonate or subcarbonate of zinc. The milky fluid is evidently an emulsion of almonds poorly made. The following formula will make a preparation in most respects similar to Malvina Lotion. Make up an emulsion of almonds (2 drams to 1 pint) with rose-water. In one pint of this fluid dissolve two grains of mercuric chlorid, and suspend in the mixture three drams of zinc oxid.—New Idea.

Editor MEDICAL WORLD:—Please advise me how to treat the following case: Man about 45 years of age, health good generally. About two years ago, after having connection with his wife, could not pass urin; after trying several times succeeded in passing a clot of blood two inches long, size of pencil. Has pain about one inch from end of penis, running down his legs. He has these attacks after every erection. After the clot passes, two-thirds of the urin following is very bloody. Urin normal. Have given him demulcents and alkalies, but he does not improve. Has never had any venereal disease. Kindly diagnose and give treatment.

Chuluota, Fla. JAS. W. NIXON, M.D.

[You have either a ruptured urethra as a result of violent coitus, or a case of vesical hemorrhage. We believe the former; since, were it a case of vesical trouble, the blood would come after urinations and when no erection had preceded. We wish you had stated if the man was recently married, and the coitus the first. Men married any length of time seldom injure themselves in coitus; but such injuries are not rare in the recently wedded. Under the circumstances we suggest giving him elixir saw palmetto and sandal compound, advising continence, and administering:

Gallic acid	3 grains.
Ergotin, Bonjean	1 "
Hydrastin	½ "

every two or three hours during attacks, and every four hours in intervals between.—ED.]

Editor MEDICAL WORLD:—Can you or any of the many WORLD readers render me any assistance in the following case?

Mrs. X., age 37, weight 185 pounds, height five feet and six inches; mother of two children; family history very good. About two years ago she had severe pain in arms and legs, with numbness of hands and fingers. During the last six months the pain by spells has been very severe about middle of sternum. She describes this pain as going thru to the back, and at the same time has very severe headache, which is worse on lying down. Always tenderness along spine and spot in breast. There are times when pain will start in the above place and in a few minutes she will be suffering the most acute agony, with pain thru the whole body. With this pain in breast she notices a sensation as of choking, and she can not lie down. Temperature normal; pulse regular; no disease of heart or lungs; bowels regular; tongue always coated with grayish-white coat, and edges markt by teeth. Urin, sp. gr. 1,020, acid reaction. Some uric acid; no sugar nor albumin. Now this case has been diagnosed as rheumatism and neuritis, and treated with salicylate and the alkalies with apparently no improvement. Now what have I got, and what is the treatment?

Pennsylvania. D. E. K.

[We think you have an undoubted case of rheumatic diathesis which has exprest itself as rheumatic neuritis. Salicylates and alkalies will not cure all cases of rheumatism, but persistent treatment should bring results in cases of this age. In addition to continuing the salicylate and alkalies, we would suggest a course of hot baths or other treatment directed toward her obesity. Phytolacca should do well, as might the hot air treatment, or both might be combined with your present treatment. Keep the urin neutral; have her drink two to three quarts of water every day; give diuretics till she passes 50 ounces in the course of 24 hours (in such treatment you may expect to find the urin loaded with phosphates as a consequence of increast elimination of these old retained waste products that should have been expelled long ago); keep the stools semi-fluid by salines. Persistence in this treatment should cure her if the obesity can be disposed of. Can she, or would she, ride a bicycle an hour or more daily at a gait sufficient to produce profuse perspiration? If so, it would aid in reduction of flesh and help the system eliminate those retained products which are undoubtedly the sole cause of her trouble. Is there enuf functional heart trouble to necessitate the use of strychnin? If bromids be indicated, you would better select the strontium salt. Guard the digestion. Let us hear from her in two months—and she ought to be better.—ED.]

Dear WORLD Family:—I have been deaf more or less for the past 25 years. For many years I had tonsillitis. My father and grandfather on my mother's side were both deaf. I suffer constantly from tinnitus. Probably I have catarrhal inflammation of the middle-ear with tympanic membrane thickened and the eustachian tubes flattened. Can the Editor or WORLD family tell me how to get relief? THE WORLD is

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a practical journal, and of great value to the busy doctor who wants good common sense in a nutshell. E. McDOUGALL, M.D.
Oneonta, Otsego Co., N. Y.

[Your diagnosis is correct, but your treatment manifestly insufficient. Have some competent neighboring physician examin both canals under full illumination. It is more than likely an accumulation of wax will be discovered; in which event, the use of a pint of water at 115° F. twice daily thru the ordinary glass male urethral syringe will soon subdue the tinnitus, but the deafness may be more obstinate. Inflation of the eustachian tubes may do good. The continued use of a good atomizer with liquid vaselin, combined with some mild antiseptic like oil of eucalyptol, should do you much good, used thru nose and mouth four times daily. Be certain that the auditory canals are thoroly cleansed. If you stated age and other particulars, we might give fuller directions, but we know this will relieve you, and that we will gladly hear from you at another time.—ED.]

Editor MEDICAL WORLD:—I. Female, age 42; married; seven children. The trouble consists in a more or less symmetrically arranged eruption upon the face and scalp. The nose, the malar and occipito-temporal are the regions most involved. In color the eruption is of a dark copper or ham color; desquamation occurs about once a week, at which time the itching, which at other times is unbearable, is greatly lessened. On the spots of scalp the hair has fallen out and does not return. Subjectiv symptoms worse at night after a nap. Please give me diagnosis and suggest some treatment, as it resists all at my hands.

II. Female, age 17. Ankylosed hip joint following some inflammatory conditions in joint during course of typhoid one year ago. Am now using the dry hot air apparatus, with massage and forceful movements. Make suggestions. COUNTRY SUBSCRIBER.

[You have some variety of eczema in Case I, but your description is not detailed enuf for us to decide the kind. The following prescription will relieve and probably cure:

Prepared calamin Oxid of zinc	of each 3 drams
Carbolic acid	15 drops
Resorcin	20 grains
Glycerin	4 drams
Lime water	3 ounces

Mix, and direct: Apply freely every three hours after shaking thoroly. Cleanse face and scalp with a soft cloth dipt in glycerin, and only use water when absolutely necessary.

In your second case the hot air treatment is all right, but we cannot coincide with you in the use of forcible extension and flexion. We believe gentle manipulation would do good, but fear forcible movements might increase an already existing inflammatory condition. If the case is not too severe, one might break adhesions instantly under complete anesthesia, and follow by your present treatment; this would be curativ if accomplisht, but one should remember the risk of rupture of the ligaments and possible fracture. In a case where absolute disability is assured if nothing be done, both patient and doctor are justified in taking desperate chances. We have seen these cases recover gradually in the course of one or two years without any treatment, but the chances are greatly against such favorable outcome.—ED.]

Editor MEDICAL WORLD:—I have a patient who complains of dribbling after urination, the consistency of which he says is that of spermatic fluid. I examined his urin under the microscope and could find no spermatozoa, but there were undevelopt epithelial cells present in the urin. After repeated tests I found that they would appear and vanish at different periods. What do you think is the cause of the epithelial cells? He is anxious and considers seriously the question of matrimony. I examined his spermatic fluid and can find spermatozoa, but they don't appear to be mobil. His erections are premature. Do you think that he is impotent? I have tried to stop the dribbling after urination, which lasts several minutes after micturition. I have tried:

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Lqr. strch.	¼ dr.
Hydrich. acid	¼ dr.

M. Sig.—Three drops in water after meals.

I raised it from one to three, and I now let him take five drops. What would you suggest to stop the dribbling after urination?
ST. LOUIS.

[Has he had gonorrhea? Have you passed an aseptic sound? Does he complain of chronic cystitis? Did you examin spermatic fluid immediately, and are you sure it was not contaminated? Your history presupposes a former gonorrhea, and you should test for this by the double glass and centrifuge tests. If he has never had gonorrhea, he may marry in safety for his wife and himself; but if he has had it, he is probably uncured, and will infect any woman with whom he has intercourse.

Your prescription is all right, but we suggest adding the following medication: Elixir saw palmetto compound, teaspoon-

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ful every four hours. Include such non-irritating bromids as strontium; insist on copious libations of water—pure or mucilaginous; forbid liquor.

If the spermatozoa are immobil immediately after passage, then he is hopelessly steril. The premature erections may be delayed enuf to make marriage satisfactory to him; but what of his wife? Marriage is hardly a question of satisfactory coition alone on the part of the husband—the wife needs our heartiest consideration.

If you follow all our suggestions, the dribbling after urination will be cured, unless he has a stricture. Many men complain of passage of a glairy fluid after defecation or urination, which is nothing more than prostatic fluid. If no stricture exists, our suggestions will be sure to result in a satisfactory cure.—ED.]

Editor MEDICAL WORLD:—Married lady, 74 years old, with large family of children. She is small and fairly well nourisht for one of her age. Domestic, wife of a farmer, she has always helpt to do her work. History good. About October last she fell and injured greater trochanter. Shock caused retention of urin. Had to take water with catheter. It was done by untrained nurse. Cystitis followed and still continues. Have kept urin reaction good by use of alkalies. Have given sanmetto and acetate of potash; then salol and boric acid. Lookt after secretions generally. Used milk diet; washt bladder with one to two per cent. carbolic acid, part of the time with boric acid and borated soda. Sometimes patient seems almost or entirely well; then symptoms return. Doing tolerably well at present. Please help me all you can. Bladder seemed to do better when washt once a day with borated soda. Should I wash more than once a day? J. T. P.
Arkansas.

[Doctor, you have handled the case admirably. You should not wash bladder out more than once a day; in fact, we think you are somewhat "strenuous," and would do much better by washing only every two or three days and then following by an injection of 10 grains each of aristol and europhen in an ounce of liquid vaselin, using one dram of the fluid by gentle instillation, gradually increasing the strength. Keep everything aseptic and use only the gentlest of manipulations. The oil is allowed to remain. Such treatment has given wonderful results in many chronic and inveterate cases. Of course the urin is kept as near bland and neutral as possible, and copious libations of such mucilaginous drinks as infusion of slippery elm or flaxseed are essential, and in these you may incorporate your medicaments. Do not promise her too much on account of her age; but you ought to give her markt relief, and possibly permanent benefit.—ED.]

Editor MEDICAL WORLD:—Patient had several attacks of angina pectoris five or six months ago, but does not have any attacks now. Trouble now is an aortic regurgitation, which he gets on fairly well with in day time, but at night, as soon as sun sets, he begins feeling bad; gets very sleepy, but as soon as he goes to sleep his breath stops completely for about thirty seconds, when he wakes again. This goes on till about day, when he can succeed in getting a few naps occasionally. He is fast failing in strength on account of so much loss of sleep; age 62. Has been a very strong man, but has a nervous temperament. Treated his heart with digitalis and strophanthus, which don't seem to cause much trouble till he goes to sleep. Gave him valerian and bromids with no effect, also sulfonal and trional a few times; also used hypodermic of morphin and atropin, with some relief, but morphin causes dreadful nausea. Heart and breathing good or fair in day time and heart not disturbed at night, but can't breathe when he sleeps. As patient is my father, I am anxious for his relief. Have had consultation a few times with little or no benefit.
Greenville, S. C. R. D. SMITH, M.D.

[Put him on strychnin, grain 1-40, every six hours. Give him fluid extract of quebracho, half a dram; grindelia robusta fluid extract, one dram; fluid extract valerian, half a dram; glycerin, one dram; this at one dose before meals and at bed time. This is a good combination for the relief of any kind of dyspnea and nervousness. Of course one does not expect to cure that kind of organic heart trouble in a man of his age, but he should be relieved in a measure. You have treated him properly. Do not think as many do that digitalis must be given in every case of heart trouble of any kind; the indications for digitalis are clear and distinct.—ED.]

Editor MEDICAL WORLD:—Kindly give your opinion and treatment of the following case, which has puzzled several able physicians as well as myself. I have treated and studied the case for about two months without benefit. Mr. E., aged 55, about a year ago was taken with what seemed a very mild attack of rheumatism, and an eruption very similar to urticaria; since then whenever he works about the farm or friction is applied to any portion of the body, large red wheals will appear, also sometimes without any appreciable cause. The eruption comes quite suddenly, lasts from one to three

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days, then disappears in a few hours. There is no discharge of serum and no scaling; eruption burns and itches some. The patient is in fair health, weighs 175 pounds, bowels and kidneys all right, some dyspepsia, no injurious habits, urin has been analyzed several times with negativ results. He has taken lithia, syr. hydriodic acid, iron in different forms, stillingia comp., tongaline, laxativs and several digestiv ferments. A reply from you in THE WORLD will be appreciated; also would like to hear from the medical fraternity.

Roxbury, Conn. LOUIS J. PONS, M.D.

[Your patient has giant urticaria. It is not always obstinate, and nearly always yields to protracted treatment. It is most commonly due to the uric acid diathesis, but occasionally originates from indigestion, such external irritants as dust, the pollen of plants, etc. Frequent baths, followed by sponging the body with saturated solution of sodium hyposulfite; free purgation by salines, followed by continuous use of such mild laxativs as the aloin, belladonna, ipecac and strychnin tablet; careful regulation of the diet, with special reference as to whether you may discover that attacks are followed by ingestion of any certain food; internal administration of such intestinal antiseptics as the mild or the bi-chlorid of mercury, continued for a long time; two teaspoonfuls of the N. F. elixir lactated pepsin 80 grains to the ounce, with three drops freshly prepared nitro-muriatic acid fortior to the dram, in half a glass of water before meals; alkalies between meals sufficient to keep the urin neutral—this constitutes the modern treatment of these cases. Impress upon patient the long time it will take to cure, and the inevitable numerous relapses that are sure to occur during the course of treatment. We once had a case following the administration of one-half grain quinin. Ingestion of oysters, radishes, beef, cabbage, spinach, or other otherwise harmless food will often cause it in susceptible individuals who may have developt an idiosyncrasy toward that particular food.—ED.]

Editor MEDICAL WORLD:—Your journal is read, while dozens are unread. I would like to see articles on locomotor ataxia, neuralgia and hip disease, from you and the brethren.

Bridgewater, Mass. O. G. RANDALL, M.D.

[See editorial department in next issue.—ED.]

Lactic acid by inhalation or direct application by swab is valuable in dissolving false membranes.

Editor MEDICAL WORLD:—I have had two cases recently that have caused me to study considerably as to diagnosis.

Case No. 1.—Negro, age 17, coal miner. After working all day in the mines he complained of fever, head and backache, and a peculiar feeling which he termed "blind staggers," which was probably a dizzy feeling due to fever and headache. The head and backache were more than ordinary, and altogether the case resembled a severe case of grip without the cough. Died in about 24 hours. Treatment was for ordinary case of fever: laxativ; acetanilid, 3 gr. every three hours.

Case No. 2.—White, married man, age 27, a stout, hearty coal miner. Taken much the same as No. 1, only the head and backache were intense, necessitating hypodermics of morphin. Vomiting at times was severe, but at intervals of several hours. No diarrhea, nor did bowels move at any time, probably on account of morphin. No delirium. Temperature would range from 100° to 104°. Treatment was for symptoms: phenacetin occasionally for fever; morphin for pain; gave cathartic, but it failed to act. Died in about 48 hours, after being in collapst state for six hours.

I might mention that another case died in 24 hours during my absence from home, the only characteristic symptom of which was opisthotonous, which was severe. Man was about 30; laborer.

It is evident to anyone that these cases were suffering from some intensely poisonous matter. While the cases were believed to be cerebro-spinal meningitis by the people and some M.D.s, I think that the deaths were due to ptomain poisoning due to their methods and habits of living, canned goods of all kinds forming a prominent part of their diet. Would be pleased to hear any comments as to diagnosis from this meager description.

Weaver, W. Va. JOHN C. FURLONG.

[You should have reported oral and rectal temperature in case first. The indications would look like a case of meningitis. Your use of the acetanilid was rather timid, if the fever was high.

The second case was probably the same. When cathartics do not act, give high enemas containing a dram of turpentine or an ounce of glycerin to a quart of warm soapy water, and repeat every half hour till you get an effect; or in such severe cases, three minims of croton oil in a dram of sweet oil may be administered by the mouth. A physician ought never fail to move the bowels except in cases of organic obstruction or in volvulus.

Case third was probably of the same nature; but of course we cannot speak positivly at this distance.

Had these cases been ptomain poisoning, there would have been severe and frequently repeated vomiting, and intense

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intestinal pain accompanied by purging and possibly bloody stools. Could not you learn if all had partaken of food from same package, or of same kind, or at same time? We do not get such cases that can not be traced if one is interested enuf to take the time and trouble to look the matter up in detail. They were all puzzling cases, and if you have any more such, we would advise your attempting to get permission to hold an autopsy, and then of making a thoro and complete examination of the meninges, the brain, the stomach, intestins, liver, spleen, and in fact of every organ in the body.—ED.]

Editor MEDICAL WORLD:—I have a rather peculiar case that I would like to have your idea on: Mr. B., age 50, seemingly in good health until two years ago. Was shearing, and all of a sudden there came a dizziness, and as he expresses, a terrible odor as if his face was near some putrefying mass. No sick stomach nor anything except as above stated. All body functions are normal, as far as I can see. I would be glad if you or some of THE WORLD family could give me some light on this case.

HOLLAND C. WEAVER, M.D.

Purves, Texas.

[Despite the fact of bodily functions appearing normal, there seems to be no explanation of the symptom except assignment to stomachic or intestinal indigestion which produces vertigo and excessivly foul breath. Purge him thoroly with salines, and continue for a considerable period thereafter with laxativs like aromatic fluid extract cascara sagrada or the Drysdale aperient tablet; give him frequent hot baths with friction; adjust his stomachic and intestinal digestion. If he does not do well after such a course of treatment, let us know.—ED.]

Editor MEDICAL WORLD:—Will you kindly let us readers of THE WORLD see something on removing tattoo marks. Some time ago I saw in a medical journal that hydrogen peroxid would remove them. I have tried that by scraping it in and injecting it in hypodermically, but the figure still remains. Kindly assist me.

CHAS. A. PALMER, M.D.

Farmingdale, N. J.

[Repeated and severe blistering has been commended, but we prefer to advise the method of Variot, as given in Gould and Pyle's Cyclopedia of Medicin and Surgery: "To remove tattoo marks, the skin is first covered with a solution of tannin as strong as can be made, and retatooed with this in the area to be cleared. Then an ordinary nitrate of silver crayon is rubbed over these parts, which becomes black by the formation of tannate of silver in the superficial layer of the derma. Tannin powder is sprinkled on the surface several times a day for some days to dry it. A dark crust forms, which loses color in three or four days, and in two weeks or so comes away, leaving a reddish scar, free of tattoo marks, and in a few months is little noticeable. It is well to do the work in patches of about the size of a silver dollar at a time. The person can thus go on with his usual occupation." Many other methods have been advised, but this is one of the most certain and reliable.—ED.]

Editor MEDICAL WORLD:—Can you give me a specific for poison oak? Is it a local disease? or does it affect the blood? Have had it for two months and am not rid of it yet.

Fair Oaks, Cal. H. GRANT, M.D.

Editor MEDICAL WORLD:—A young man, age 23, of moderate height, weight 120 pounds, fair complexion, habits good so far as known. He says he has had a chronic nasal discharge since childhood. Three years ago had a severe inflammation of frontal sinus. Since then he has suffered with a feeling of fulness in this region when the head is lowered. The eyes are weak. Glasses have been given by specialists, with no improvement. Spots before the eyes is a frequent symptom. Large scabs form in the nasal passage, which is never free from discharge. There is a feeling of fulness in the stomach; some flatulence. Exertion worries the heart. Nocturnal emissions occur, sometimes twice in one night, two or three times a week, or may skip two or three weeks. Sick stomach and headache often occur. Sometimes a "foot asleep sensation" begins in the hand and arm, then attacks the breast, and settles in the throat, giving a sensation of choking. Tongue coated white occasionally. Has hot flushes, temperature 98 4-5° when examined. His appetite is good at times. Sleeps well, but does not feel refresht in early morning. The young man is very nervous. His left side was injured a year or two ago by a plow handle; since then left testicle cord and lower part of belly have been sore. This young man has been treated by nearly all the neighboring M.D.s. I have recently begun practise, therefore I desire help in this case.

J. I. HOCUTT, M.D.

Emit, N. C.

[Auto-intoxication from defectiv digestion and elimination, as well as the local condition. He is evidently on the verge of becoming hysterical. Cool him down with good advice. His emissions are not alarming. Prescribe a good atomizer and fluid vaselin in which five grains of men-

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thol to the ounce have been added; let him use it four or five times each day. Tone his nerves with strychnin, valerian and strontium or sodium bromid. Regulate his digestion. Tell him he did not get ill in a day, and can not expect to get well in a week. Keep your own nerve with you; win the confidence of your patient so that he will continue treatment a sufficient length of time, and you should cure him. Have him consult another oculist. Keep his stools soluble and give intestinal antiseptics. Regulate his digestion. Hold the case by judicious inactivity (if in no other way); treat as advised, and you will hardly need to write later.—ED.]

Editor MEDICAL WORLD:—I am 71½ years old; have been studying and practising medicin from boyhood. We never get too old to learn. I am learning faster now than at any time in past life. THE MEDICAL WORLD is helpful. There are many things about which I would like to write, but, alas, I must forbear. However, let me briefly state two cases in which I would be glad for help.

Case 1.—My wife, 68 years old. Poor old soul, she has stood by me thru all the vicissitudes of a laborious and eventful life; hence it is easy to understand how dear she is to me. She now has paralysis agitans, affecting one side (right). She has been healthy thru life until the last twelve months. La grippe and overwork, followed by the sudden and mysterious death of her favorit granddaughter, prostrated her. She is the mother of six children, twenty-five grandchildren and ten great-grandchildren. She eats and sleeps well, but is considerably emaciated. She is now taking syrup hypophosphites (Fellow's). Any suggestions will be appreciated.

Case 2.—An old woman (80) with what is called "skin cancer," situated on nose. I have been treating it for three months. The ulcerativ process has all disappeared, but it will not form skin. It required constitutional treatment, in addition to local applications. History of long standing neuralgia, in consequence one eye was enucleated several years ago. Editor and WORLD family, hear kindly to the appeal for help from an humble old brother. Long live THE MEDICAL WORLD. M. W. C. FRAZIER, M.D.

Carrizo Springs, Tex.

[Paralysis agitans, you know, is never cured; tonics and nervines, and nutritious, easily digested food in all possible assimilable quantity make up the line of treatment. Sorry we cannot suggest further treatment, but some brother may write you direct.

In your second case, try continuous application of oxid of zinc ointment under a chamois skin cover. If this does not heal, your only hope is to have a good surgeon do skin grafting.—ED.]

Editor MEDICAL WORLD:—Diagnosis of the following case has given me much trouble. May 22, 1900, was called to see K. H., age 55, female, colored, weight about two hundred pounds, general health good. At the time of this visit she was suffering severe pain in the stomach and bowels. She was given one or two hypodermic injections of morphin, five or six grains of calomel with soda-bicarbonate and Dover's powders. Patient got on very well until November 14, 1900, when the same symptoms returned, and were relieved by about the same treatment. August 2, 1901, the attack seemed to be about the same as before, only more to left side, in the hypocondrium. October 19, 1901, the attack returned, but this time in the right side and under the border of the lower ribs.

Treatment: Principally morphin hypodermatically and calomel internally.

December 5. 1901, pain in right side under lower ribs; treatment about the same, with cathartic pills to take once or twice a week as a prophylactic. Suspecting a neurotic element in the case, she was here given salicylate of soda, phytolaca and cimicifuga.

January 11, 1902, I was called again; found her suffering severely, pain in left side seemed to start in the back and run around to the front, localizing in the epigastrium. Morphin eased the pain, which was very distressing this time, as also in each of the preceding attacks. The administration of morphin always caused protracted emesis. This last attack was followed by acute gastritis which lasted about two weeks. The pain seems to be preceded by constipation. During January of the present year the kidneys did not act well. She rarely ever has a natural, unaided action from the bowels. Diuretics were given until the kidneys are now acting very well and have been for some time. The water is sometimes redder than normal, sometimes paler than normal; specific gravity of 1,020, 1,022, 1,024 or thereabout; no albumin of any consequence; considerable glucose; acid. Appetite poor, no fever, as a rule; sometimes one degree; tongue not very much coated, no particular headache, eyes clear, pulse good, about normal, sometimes as high as 96 or 100, valvular sounds normal, lungs clear, no cough, sleeps well when not suffering with acute pain in back and side. Pain never occurs in both sides at once; sometimes in right side, at other times in left.

Pain usually begins in back, about the ninth dorsal vertebra, and follows about the course of the ninth rib, terminating in the epigastrium. She sometimes says it comes straight thru from back to front. There is no anasarca; some pain radiating down the thighs. Of late the pain and soreness are some higher in back, about even with lower point of scapula and to the left of the spine. Now pressure upon the above tender region produces cough; pressure upon the right side does not produce cough nor pain in epigastrium. Until recently pressure upon the tender

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point over, or to either side of, the spine caused pain in the epigastric region, but no cough. Pressure upon the left side, anywhere along the tenth or eleventh rib, causes considerable pain, which lasts for an hour or two.

Her body is so stout, as can be judged from her weight, that percussion, auscultation or palpation reveal nothing. Menstruation ceast fifteen years ago. She has four children, all grown and healthy.

There is no history of specific diseases. Iodid treatment gave no relief. Diuretics, cholagogs, anti-rheumatics, anti-neuralgics, stomachics and intestinal antiseptics all did no good. Placebos failed. Her being a negress makes it impossible to discern anything satisfactory from her complexion. Her lack of understanding of anatomy makes it difficult to get correct and accurate symptoms. Her lack of knowledge of language makes her answers ambiguous. She said all during the months of January and February that cliney (clammy), frotey (frothy) spit constantly bothered her. She said the medicin interrogated (irritated) her stomach.

She sits up some, occasionally walks about the house a little, but generally has severe pain immediately after doing so. When pain is severe, she is usually sick at the stomach at the time or soon afterward. Any assistance will be duly appreciated. J. B. CUMMINS, M.D.

Cryer Creek, Tex.

[Doctor, you seem to have handled this obscure and obstinate case as well as any man could. We could not express an opinion that we would deem of value, but hope some of the WORLD family will write you direct. We would suggest a protracted course of salines to free purgation, and at the same time give full doses of intestinal antiseptics; this we believe might well be followed by nightly dose of one or two Drysdale's aperient tablets, not for purgation, but as a laxativ. We have no further suggestions to make, but submit the case to the WORLD readers. The passage of a renal calculus, or a gallstone, was suggested to us as we read your letter, but only suggested.—ED.]

Exophthalmic Goiter.

Editor MEDICAL WORLD:—I have no larger practise than many ordinary town and country practicians, but it seems to me that I have had my share or more of serious and rare cases of late. I had a short time ago an anomalous case in child delivery that to me was a "corker." Will try to write it up some time in near future; also a case of Hodgkin's disease; but now I have a markt and critical case of exophthalmic goiter that is exhausting my resources. If any of the WORLD readers can help me, now is the time I need it. The lady is about 30 years old, been married eight years, had one or two miscarriages, but now has a plump girl babe eight months old (weaned a month ago). Her present trouble seems to have come up since babe was born, altho has had some enlargement of the thyroid at intervals for years, so she states, but about six or seven months ago her family noticed her becoming nervous; could not rest well at night; some palpitation on extra exertion, which has increast until I saw her about two months ago, when I found respiration 30 to 36, pulse 140 to 160 per minute, and temperature 37 $\frac{6}{10}$° Centigrade. Could not rest at night; would get some sleep, but would roll and tumble most of the night, so much so that her husband could not sleep with her, and in order to get rest took another bed. Her eyes protruded very markedly; had some swelling in face, especially under eyes, and some edema of feet; tongue coated, slightly whitish coat; had ravenous appetite most of the time, but would get sick at stomach occasionally and sometimes vomit.

I put her on fucus vesiculosis combined with phytolacca and apocynum for the dropsical condition, and pulsatilla for her nerves, for the first week, and when she returned the next week she said she had rested better, so I refilled the bottles with same medicin and gave phytolacca to apply to the bronchocele. At end of two weeks I could see some improvement in her nervousness, but she had some headache that was quite disagreeable, so I gave her gelsemium in place of the phytolacca, and iris versicolor in place of fucus vesiculosis, and continued these prescriptions for two weeks and since (the last two weeks), with the addition of nux, and I can see but little if any improvement for the last three weeks. She is not quite as nervous as at first; stomach in better shape; sleeps quietly usually compared to time I first saw her; but she is not getting along well, and I am afraid I am about at my string's end. She has had the slight temperature every time I have seen her, with the palpitation, rapid breathing and nervousness. I am going to put her back on fucus and give full doses of lobelia for the next two weeks unless I find something better in the meantime. J. B. CRAIN, M.D.

Braddyville, Iowa.

[You do not seem to have tried the thyroid treatment. With this suggestion, we will leave the matter open for WORLD readers to write to you, and ask you to report progress, and the treatment used, from time to time.—ED.]

In May issue, page 199, second column, eighth line from the top, "formic acid" should read *tannic* acid. We suggest that you make this change with a pencil *now*, while it is in mind.

A cheap and excellent gargle for ordinary cases of catarrh and hoarseness from colds in the throat is prepared as follows.

℞

Borax, powdered.....
Chlorate of potash...of each, 4 drams
Carbonate of potash.....6 drams
Table salt.....2 ounces
Water enuf to make.....1 pint

Use as gargle, diluted if required.

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Current Medical Thought.

An Anthelmintic Mixture.

For more than twenty years we have used but *one* anthelmintic mixture. It is the one recommended in his lectures by Prof. F. J. Locke, M.D., and is like this: ℞. Santonin, grs. 5; podophyllin, gr. 1; sugar of milk, grs. 10. Mix and divide into ten powders. Give one powder every four to six hours until the bowels move thoroly. Repeat the course in three or four days. We believe the santonin destroys both the lumbricoid and the thread or pinworms and their ova. The remedy is not bad to take. The powder may be mixt with sweetened water or given dry. The urin is colored by the santonin, and it should not be given when the child has high fever. Santonin is an excellent remedy in suppression of urin as well. We use the above mixture frequently in children whose digestiv organs are below par. When the tongue is coated, bowels and liver inactiv, skin yellow or sallow and inactiv, belly big, kidneys slow and appetite *nil* or poor, give a course of powders to awaken the bowels until they move freely—four or five times in twenty-four hours. Then wait three or four days and repeat the course, same as for worms. —Dr. W. E. Bloyer, in Eclectic Medical Gleaner.

Diarrhea Mixtures.

1. Tincture catechu.....0.6 cc
   Tincture opium.....0.6 cc
   Chalk mixture..... 30 cc

Repeat this dose every two hours till relieved.

2. Compound tincture lavender.....120 cc
   Sugar..... 15 gms
   Camphor water to make.....500 cc

Dose: Tablespoonful every two hours.

3. Tanalbin ..... 2 drs
   Resorcin, resublimed.....12 grs
   Glycerin..... 1 oz
   Cinnamon water to make..... 4 ozs

Dessertspoonful every three to four hours for child two to three years of age. Shake well.

4. Lactic acid..... 10 gms
   Syrup.....200 gms
   Water.....800 gms

Dose: Tablespoonful every two hours (in chronic diarrhea).

5. Tincture capsicum..... 4 cc
   Spirit peppermint..... 8 cc
   Tincture opium.....12 cc
   Comp. tincture catechu.....16 cc
   Tincture kino.....16 cc
   Tincture krameria.....16 cc
   Spirit camphor.....16 cc
   Water.....16 cc

Dose: One-half to one teaspoonful.

IMPROVED "FUN" CHOLERA MIXTURE.

Tincture opium.....
Tincture rhubarb .....
Tincture capsicum .....
Spirit peppermint.....
Spirit camphor .....
Chloroform.....equal parts

Dose: One-half to one teaspoonful in sweetened water.

DIARRHEA POWDERS.

1. Tannic acid.....0.06 gm
   Powdered opium.....0.02 gm
   Powdered sugar .....0.5 gm

One such powder every two hours.

2. Tannalbin..... 1 gm
   Powdered opium.....0.06 gm

One such powder every two or three hours until relieved.

This is a very good combination, and one greatly favored. Its action is prompt and highly satisfactory.

For severe diarrhea in adults, accompanied by profuse and painful discharges, the following has been recommended:

3. Tanalbin.....10 grs
   Ichthoform.....10 grs
   Bismuth subnitrate.....20 grs
   Powdered opium..... 1 gr

One such powder three or four times a day.

DIARRHEA SYRUP.

Powdered acacia.....15 gms
Cinnamon water.....15 gms
Mint water.....10 gms
Quince syrup.....20 gms
Extract opium.....0.05-.01 gm

Dose: One to two teaspoonfuls.—Practical Druggist.

State and Territorial Laws as to the Practise of Medicin.

Thousands of young physicians leaving college within the next few months will be glad of the classified epitome of the laws as to the practise of medicin of different states and territories, which has just been issued by the Illinois State Board of Health. The summary sets forth in detail the legal requirements in force March 1, 1902. The following is a rearrangement of the tabular outline prefixt to the Illinois State Board's summary:

1. Admit to Practise on Presentation of a Recognized Diploma:

Alaska (a), Arkansas, Colorado, Indiana (1), Indian Territory (b), Kansas (c), Kentucky, Michigan, Nebraska, Nevada, New Hampshire (1) New Mexico, Ohio (1), Oklahoma, Philippines (1), South Carolina (1), South Dakota, Tennessee (1), Virginia (c), Wisconsin (c) (1) (t), Wyoming.

2. Require an Examination with Diploma:

Alabama (d), Arizona, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indian Territory (b), Indiana, Iowa, Louisiana, Maine, Maryland, Montana, Nevada (f), New Hampshire, New Jersey, New Mexico (1), New York, North Carolina, Ohio, Pennsylvania, Philippines, Puerto Rico, South Carolina, Utah, Vermont, Virginia (m), Washington, Wisconsin (m).

3. Require an Examination without diploma:

Alabama (e), Hawaii, Indian Territory (b), Kansas (i) (k), Massachusetts, Minnesota (k), Mississippi, Missouri, New Hampshire (n) (w), North Dakota (k), Oregon, Pennsylvania (w), Philippines (1), Rhode Island, Tennessee, Texas, West Virginia.

4. Examin Nongraduates in Medicin:

Alabama (e), Arkansas, Colorado, Hawaii, Indian Territory (b), Kansas (k), Massachusetts, Michigan, Minnesota (k), Mississippi, Missouri, Nevada (n), New Hampshire (w), New Mexico, North Dakota (k), Oklahoma (n), Oregon, Philippines (1), Pennsylvania (w) Rhode Island

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(o), Tennessee, Texas, Vermont (g), Virginia (1), West Virginia, Wyoming (k).

5. Accept Licenses of Other States or Countries in Lieu of a Diploma:

California, Kansas (p), Maryland, Nevada, New Hampshire (w), North Carolina, Ohio (f) (w), Pennsylvania (f) (w), Virginia (p), Wisconsin (p) (t).

6. Empowered to Recognize Certificates of Other Boards.

California, Delaware, District of Columbia, Illinois (h), Indiana, Kansas, Maine, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Texas, Virginia, Washington, Wisconsin.

7. License Graduates of Colleges Within State Without examination:

Illinois (v), Indiana, New Hampshire, Ohio, South Corolina, Tennessee. Wisconsin.

8. Permit the Practise of Physicians from other States in Consultation.

California, Connecticut, Delaware District of Columbia, Georgia, Idaho, Indiana (r), Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Philippines, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Vermont (s), Wisconsin Wyoming.

REFERENCES:.

(a) No law.
(b) Each nation has its own laws.
(c) Discretionary with board.
(d) If examined by a County Board.
(e) If examined by the State Board.
(f) Foreign graduates.
(g) Nonresidents only.
(h) By resolutions of board.
(i) If not a graduate of recognized college.
(k) Applicant must show evidence of college attendance.
(l) Certain persons only.
(m) If not eligible to a license without examination.
(n) Must have had five years practise.
(o) If a reputable physician.
(p) In lieu of examination.
(r) Licensed physicians residing on border of a neighboring state permitted to attend bona fide calls in state.
(s) Physicians in Dominion of Canada.
(t) According to ruling of attorney-general.
(v) Board is empowered to license certain Illinois graduates without examination, but requires them and all other applicants to pass an examination in the usual branches of medicin.
(w) If licensed to practise in some foreign country.—Amer. Med.

Michigan State Board of Registration in Medicin.

Examinations at Lansing, June 11, 12, 13, 14, 1901. Michigan State Senate Chamber.

Descriptiv Anatomy.

By H. C. Maynard, M.D.

1. Describe one of the following bones: Femur, Tibia, Fibula.
2. What bones make up the pelvis? Give the gross anatomy of the pelvis.
3. Describe the vermiform appendix and give its relations.
4. The entire skeleton in the adult consists of how many distinct bones, and into what classes are they divided?
5. Describe the fifth cranial nerve, and its ganglia.
6. Describe the muscles of the leg.
7. Give the origin and insertion of pronator radii teres.
8. Where does the subclavian artery arise, where end, how is it divided and what are its branches?
9. Give, (*a*) the nerve supply of the rectum, (*b*) the blood supply of the rectum.
10. Describe the lungs, their divisions, lobes, boundaries, structure, blood and nerve supply.

Surgical Anatomy.

By H. C. Maynard, M.D.

1. Mention, from without inward, the structures forming the coverings of inguinal hernia.
2. Describe the operation of ligation of the radial artery in lower third of the fore arm.
3. Describe the operation for the relief of ingrowing toe nail.
4. (*a*) Name parts involved in a dislocation of the shoulder; (*b*) and what is the most frequent form of dislocation of the sh ulder?
5. Bound Scarpe's Triangle.
6. Name the structures cut in the lateral operation of lithotomy, and those to be avoided.
7. Describe the ligation of the posterior tibial artery, and give its relations.
8. Describe the eye, its muscles and nerves.
9. What is a cataract? and what are the general rules for operation?
10. Describe the stomach, its curves, ends, orifices, structure and glands.

Physiology.

Joseph H. Cowell, Saginaw.

1. What are the functions of the cerebral convolutions? What would be the phenomena exhibited by an animal deprived of the cerebral hemispheres?
2. What are the functions of the spinal cord?
3. Give the names and properties of the digestiv juices.
4. What sets of organs are charged with the office of excretion of waste from the blood; what is the nature of the process?
5. Animal heat—how generated—how maintained and how given off or lost?
6. What is the cause of muscular fatigue and recovery?
7. Describe the motions of the heart.
8. What are the respiratory changes in the blood?
9. What are the chief constituents of the urin?
10. What is death and how do you explain the "rigor mortis"?

Therapeutics.

Geo. E. Ranney, M.D., Lansing.

1. What is therapeutics?
2. Define medicins—also other remedies. How do medicins operate?
3. How is opium made? Give its medicinal and toxicological effects. What is a dose of opium, and how would you proportion a dose for a patient from 1 to 21 years of age.
4. How does inhalation of chloroform affect the system and what are the dangers in its administration, and how should they be guarded against, and overcome?
5. How does inhalation of sul. ether affect the system, and what are its dangers? How would you guard against them, and what conditions would contra-indicate its use?
6. Give the names of some of the coal tar preparations, and their effects, and how they may be combined to guard against their deleterious action?
7. What are the principal tests for abnormal urin, and how would you use them for the detection of disease?
8. Write the formula for Dover's powder.
9. What would you do in case of strychnin poisoning?
10. For what would you give ergot, and what is its physiologic and therapeutic action?

Therapeutics (Eclectic).

Wm. Bell.

1. Veratrum.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
2. Bryonia.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
3. Viburnum Prunifol.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
4. Macrotys.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
5. Pulsatilla.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
6. Phytolacca.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
7. Ipecac.
   (*a*) Give therapy, preparation and dose.
   (*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
8. Baptisia.
   (*a*) Give therapy, preparation and dose.

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(*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
9. Nux Vomica.
(*a*) Give therapy, preparation and dose.
(*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.
10. Echinacea Angustifolia.
(*a*) Give therapy, preparation and dose.
(*b*) Describe conditions of disease, emphasizing the symptoms and pathological expressions favoring its employment.

THERAPEUTICS (HOMEOPATHIC).

Albert Lodge, M.D., Detroit.

1 Hydrastis canadensis.—Common name? What is its general action? Indications in nasal catarrh? Stomach symptoms? Indications in constipation?
2. Staphisagria.—Common name? Give three characteristic applications of this drug.
3. Helleborus.—Give in brief its general action. In what stage of hydrocephalus would you use this drug? What kind of dropsies?
4. Ranunculus bulbosus.—Common name? What is the general effect upon the system? Name three diseases in which it may be employed.
5. Clematis erecta.—Common name? What is our principal use of this drug? Name two diseases in which it is employed.
6. Chelidonium majus.—Common name? What is the great characteristic symptom of this remedy? Chest symptoms? What is the stool?
7. Sanguinaria canadensis —Common name? What is its sphere of action? Kind of sick headache? In what disease is it most likely to be indicated?
8. Eupatorium perfoliatum.—Common name? What is the principal use of this drug? Indications in influenza? In fever?
9. Aletris farinosa.—Common name? What are the symptoms of this drug? Name the kind of uterin diseases you would use it in.
10. Colocynthis.—Common name? Give its general action? Greatest characteristic? How does the colic of dioscorea differ?

PRACTISE.

Geo. E. Ranney, M.D., Lansing.

1. Describe what takes place in inflammation of the brain and membranes, giving its symptoms and after effects upon the nervous system, also treatment of an acute attack.
2. What is insanity?
3. Describe a delusion, an illusion and an hallucination, giving the difference of one from another.
4. Write what you know about epilepsy, its after effects, etc.
5. Write what changes take place in typhoid fever, how you would differentiate it from other fevers, giving its sequelæ and how you would treat the disease.
6. What is dropsy, how is it produced, and how would you treat it?
7. Describe fully the general management of a case of scarlet fever.
8. Give period of incubation of fever, eruption and duration of each stage in smallpox, chickenpox, measles, and how would you make a differential diagnosis?
9. How would you diagnose gastric ulcer, and how would you treat it?
10. What are thrombi, and in what ways are they produced?

PRACTISE OF MEDICINE.

Wm. Bell.

1. Name the distinctiv characteristics of typhoid fever and mention remedies employed, giving reasons for their administration.
2. What are the diagnostic symptoms of scarlet fever? Outline treatment, naming principal remedies giving indications.
3. What is catarrhal jaundice, its causes, physiological anatomy and treatment?
4. What is *acute* Bright's disease or *acute* parenchymatous nephritis, its symptoms, complications and treatment?
5. What is insomnia? Write prescription for an adult suffering from same.
6. Name the diseases with which "gallstone colic" may be confounded.
7. What is eclampsia, symptoms, cause, treatment?
8. Define the periodical fevers, and outline treatment for same.
9. What are eruptive fevers? Mention five.
10 What do you understand by the terms "self-limited" as applied to disease, also, period of incubation and prodromes of disease?

PRACTISE OF MEDICIN.

Albert Lodge, M.D , Detroit.

HOMEOPATHIC.

1. Croupous enteritis.—Synonym, definition, causes, treatment.
2. Peritonitis.—Synonym, definition, causes, treatment.
3. Ascites.—Synonym, definition, causes, treatment.
4. Biliary calculi.—Synonym, definition, causes, treatment.
5. Congestion of the liver.—Synonym, definition, causes, treatment.
Abscess of the liver.—Synonym, definition, causes, treatment.
7. Acute yellow atrophy of liver.—Synonym, definition, causes, treatment.
8. Sclerosis of the liver.—Synonym, definition, causes, treatment
9. Amyloid liver.—Synonym, definition, causes, treatment.
10. Hepatic cancer.—Synonym, definition, causes, treatment.

QUESTIONS OF PRACTISE.

By J. Kost, M.D.

PHYSIO-MEDICAL.

Requirement 1st.—A distinct diagnosis of diseases: Stating the absolute necessity thereof for successful practise. (This needs no answer).

Requirement 2d.—A clear recognition of true natural indications of cure in all cases, and why important. (This needs no answer).

1. Fevers.—State the chief recognized forms of fever:
(*a*) Give the distinguishing symptoms of synochæ or continued fever, and indications of cure.
(*b*) Give the characteristics of intermittent and remittent fever, and, briefly, the proper treatment as to intentions.
(*c*) Give the diagnosis of typhoid and typhus fever, and indications of cure, each briefly.
(*d*) Note the characteristics of the eruptive fevers, and several treatments, briefly.
2. Inflammation.—State what is inflammation.
(*a*) What the tissues are that are most liable to inflammatory attacks?
(*b*) What is the recognized distinction between inflammation and fever?
(*c*) Give the designations by which the inflammatory attacks of organs are recognized.
(*d*) Note the usual recognized signs of inflammation.
(*e*) Note the methods prescribed for a diagnosis of inflammatory conditions. What appliances are most available?
(*f*) State the indications of, and treatment of, inflammatory affections, in a general way.
3. Phthisis pulmonalis.—Define the disease, giving its main diagnostic symptoms. Name the prime intentions in treatment and whether this contemplates the new pathology of tubercular diseases?
4. Cancer and carcinoma.—Define the ailment and diagnose it in respect to common ulcers. Give notes of treatment of cancer, and of ulcers, general y in brief.
(*a*) Of cancer.
(*b*) Of ulcers.
(*c*) Of carbuncle and boils.
5. Diphtheria.—Define the disease, and give especially the distinguishing signs that indicate contagiousness, and whether the contagion is from microbes.
(*a*) What is the proper treatment for diphtheria, considered as a contagious disease?
(*b*) What are the ordinary inflammatory diseases of the air-passages of the mouth, throat and bronchi, of strictly inflammatory character?
6. Cholera.—Define cholera, and give the diagnostics, as related to epidemic cholera, cholera morbus, diarrhea and dysentery.
(*a*) Noting the intentions in the treatment of each and the most efficient remedies.
(*b*) Note the circumstances in the prevalence of cholera that occasion the great prevalency of it.
7. Spasmodic diseases.—Give definitions of the following spasmodic diseases:
(*a*) Epilepsy, spinal meningitis, tetanus.
(*b*) Indicate the appropriate curativ intentions of each.
(*c*) State the most effectiv remedies in each.
8. Glandular diseases —Note some of the most conspicuous glandular diseases.
(*a*) Give the predisposing causes of glandular diseases, especially those affecting the viscera.
(*b*) Give notations of the indications of cure in hepatitis, splenitis, nephritis severally, in brief.
9. Diseases of the circulatory system.—Note the means for inspection of heart disease, and physical diagnosis of cardiac hypertrophy, and of endocarditis, briefly.
(*a*) Diagnose angina pectoris, and note the means of relief.
(*b*) What occasions palpitation of the heart? And state the means of relief briefly.
(*c*) What is an aneurysm, and how relieved?
(*d*) What is phlebitis, and its cure?
10. Nervous diseases.—Note the most common nervous diseases.
(*a*) What is neuralgia, and what are the chief remedies?
(*b*) What is paralysis, and its chief means of cure when the case is general palsy?
(*c*) What are the more common causes of cephalalgia, and what the conditions of cure?
(*d*) What is hypnotism, and h w most readily relieved?

OBSTETRICS.

Walter H. Sawyer.

1. What are the stages of labor? What is the pelvic axis?
2. Name the diameters of the fetal head.
3. Give the mechanism of normal labor.
4. What are the circumstances which would justify you in terminating pregnancy?
5. How would you treat an inevitable abortion?

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6. How would you diagnose placenta prævia? What would you do?
7. Under what circumstances would you apply forceps?
8. Called to a woman pregnant seven months, and finding albumin in the urin, outline your subsequent conduct of the case.
9. Give treatment of post-partum hemorrhage.
10. Give cause and treatment of puerperal fever.

SURGERY.
A. W. Alvord, M.D.

1. How would you treat a perforating gun shot wound of the chest?
2. What are the essentials to be observed in the treatment of compound fractures?
3. Differential diagnosis between concussion and compression of the brain?
4. Symptoms, diagnosis and treatment of hypertrophy of prostate gland?
5. From location, what rectal lesions are most painful, and why?
6. Symptoms and treatment of ulceration of the movable rectum?
7. Diagnosis and treatment of hydrocele?
8. Diagnosis and treatment of empyema?
9. Describe operation for excision of shoulder.
10. Symptoms and treatment of otitis media?

MINOR SURGERY.
Dr. J. B. Griswold.

1. Describe the operation for intra-venous, injection of saline solution.
2. Name and describe the different kinds of sutures and ligatures used in minor surgery.
3. Describe the following operations—aspiration, artificial respiration, cupping, venesection.
4. Discuss the general treatment of hemorrhage.
5. State some general rules for bandaging. Describe the spiral, the spica, the figure of —8—the double T, and the recurrent bandage.
6. Describe accurately the methods of preparing the hands, the instruments and the patient for an operation.
7. Give the approved methods of treating hemorrhoids.
8. Describe the treatment of epithelioma of the lip.
9. How would you reduce a backward dislocation of the thumb?
10. How would you dress a compound fracture of one of the fingers?

SURGICAL PATHOLOGY.
A. W. Alvord, M.D.

1. Pathology of Pott's disease of the spine.
2. Pathology of wound repair?
3. Pathology of abscess formation?
4. Causes and pathology of gangrene?
5. Pathology and treatment of septicemia?
6. Pathology and treatment of rachitis?
7. Proofs of hereditary syphilis and its pathology?
8. Symptoms, causes and pathology of varicose veins?
9. Symptoms, causes and pathology of impacted fracture of neck of femur?
10. Pathology and treatment of neuralgia?

CHEMISTRY
Walter H. Sawyer.

1. Define an acid; a base; a salt; neutralization. Give three examples of each.
2. Give distinction between a mono—, a di—, and a tribasic acid. Give example of each. What is an acid salt?
3. Give test for each of following:
   (*a*) Starch;
   (*b*) To distinguish between cane sugar and grape sugar;
   (*c*) Carbolic acid;
   (*d*) Arsenic.
4. What is meant by diffusion of gases? Give law in regard to it.
5. Occurrence of sulfur in nature. Give preparation of sulfur dioxid in laboratory Describe preparation of sulfuric acid.
6. How would you test a liquid for a sulfate? For a chlorid?
7. How are the following substances manufactured:
   (*a*) Ammonia;
   (*b*) Lime.
8. What is a fat? What is saponification and how is it brought about? What happens to fat in the intestins?
9. Describe accurately "Heller's nitric acid test for albumin," giving results produced in albuminous urin.
10. Name and describe the best tests for glycosuria. How may pus be detected in the urin?

TOXICOLOGY.
Joseph H. Cowell, Saginaw.

1. Acute alcoholism.—Describe symptoms; effect upon nerves, bloodvessels and brain. Give treatment.
2. Chloroformism.—Symptoms and treatment.
3. Give the treatment to be employed in poisoning from carbolic acid.
4. Describe the action of serpent venom and give treatment.
5. Give the treatment for mushroom poisoning.
6. Strychnia poisoning.—Give symptoms and treatment.
7. Give the treatment of poisoning by opium in its various forms.
8. Phosphorus poisoning by inhalation.—What class of workers are attacked? Give symptoms, pathological conditions and treatment.
9. Name the forms of mercury most frequently the cause of acute poisoning and give treatment.
10. Give the chief causes and the treatment of autotoxemia.

HISTOLOGY.
Dr. J. B. Griswold.

1. What do you understand by normal histology?
2. Give the hystology of human blood.
3. Describe epithelium and name the different varieties.
4. Name the supporting or connecting substances for the various tissues of the body.
5. Give the histological structure of an artery, of a vein. State difference between the two.
6. Name the two varieties of nerve fibers and describe them.
7. How many kinds of muscular tissues are there? Describe them and give an example of each.
8. Name the different layers of the skin.
9. Give the location of Peyers patches.
10. Of what are the tonsils composed?

BACTERIOLOGY.
H. B. Landon, M.D., Bay City.

1. What are bacteria?
2. Name some of the pathogenic bacteria.
3. What are the processes by which they are differentiated?
4. Name some of the immobile pathogenic bacteria.
5. What are facultative bacteria?
6. What are erobic bacteria?
7. What are anerobic bacteria?
8. What is the most common pus bacterium?
9. Name the bacterium of gonorrhea and give its distinguishing marks.
10. Under what conditions do the pathogenic bacteria become harmful to the human body?

MENTAL AND NERVOUS DISEASES.
H. B. Landon, M.D., Bay City.

1. Name the divisions of the brain and spinal cord.
2. What is a neuron?
3. Give name of fissure of brain along which the motor centers are situated, and give some one of the usual methods of determining its position.
4. What do you understand by "Jacksonian epilepsy?"
5. Symptomatology and etiology of chorea?
6. Symptoms and pathology of locomotor ataxia?
7. What is Romberg's symptom?
8. What do you understand by the term "reaction of degeneration?"
9. Name the two principal forms of insanity.
10. Name the varieties of aphasia and give their pathology.

EYE AND EAR.
H B. Landon, M.D., Bay City.

1. Anatomy of eye.
2. Name the muscles of,—their action, and nerve supply of each.
3. What is cataract?
4. Location of nerve center of vision.
5. Describe trachoma and give treatment.
6. Give briefly the anatomy of the ear.
7. How would you treat acute inflammation of middle ear?
8. Name the most common causes of deafness.
9. Locate the auditory center.
10. Symptomatology and pathology of Meniere's disease.

MEDICAL JURISPRUDENCE.
Wm. Bell.

1. What constitutes "satisfactory proof" of "good moral character?" See Act 237, 1899.
2. What do you understand by the term *civil* malpractice?
3. What by *criminal* malpractice?
4. Wherein does lunacy differ from idiocy?
5. What constitutes a poison?
6. Give signs of death. Which are absent on suspended animation?
7. Name five conditions that may cause sudden death.
8. Differentiate wounds of living, from those of dead, tissue.
9. What is paranoia, and how would you treat it?
10. On being asked to pass on the mental condition of an individual, as related to the question of responsibility, give general outline of inquiry.

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PUBLIC HEALTH LAWS AND HYGIENE.

H. C. Maynard, M.D.

1. Name five diseases requiring quarantine regulations, and state the time necessary for each.
2. How many cubic feet of fresh air per hour are required by an adult?
3. Mention three satisfactory disinfectants and give indications for their use.
4. What preventive measures should be adopted in typhoid fever?
5. What restrictive measures should be taken in an outbreak of small-pox?
6. What diseases render the flesh of animals unfit for human food?
7. How should a house in which there has recently been a case of contagious disease be disinfected?
8. What diseases should be reported to the local health officer?
9. After attending a case of smallpox, what precautions would you take to prevent carrying the disease to your family, friends or patients?
10. What is the law of Michigan respecting registration of deaths?

Sample Questions Tennessee State Examination, April 5, 1899.

PRACTISE.

1. Of what pathological condition is anasarca or dropsy a symptom and how would you ascertain the cause in each case?
2. Give the differential diagnosis of capillary bronchitis and lobar pneumonia.
3. Give the differential diagnosis of follicular tonsillitis and diphtheria.
4. Define typhoid fever and give treatment and pathological lesions.
5. What is dysentery? Give the varieties and treatment. What is the most common and serious complication?
6. What is diabetes mellitus? Give diagnosis, prognosis and treatment.
7. Give the treatment for pneumonia.
8. Give differential diagnosis of measles, rotheln, scarlatina and varioloid.

OBSTETRICS.

1. Describe the organs of generation in the female.
2. What are some of the dangers to the bladder in a severe and protracted case of labor?
3. Describe a case of normal labor through the different stages.
4. Your duty during each stage.
5. How would you manage a case of placenta previa?
6. Your duty to mother and child after delivery.
7. The placenta, when not delivered by traction and external manipulation, how then would you proceed to deliver it?
8. How would you control a case of post partum hemorrhage? Of puerperal convulsions?

CHEMISTRY.

1. What is meant by chemical reaction? What is fermentation?
2. How is hydrargyrum chlorid mite obtained?
3. What changes are produced in the blood by inhalation and exhalation?
4. Give the name of a reliable antidote for morphia, strychnia, arsenic, and corrosive chlorid of mercury.
5. What is meant by a chemical change?
6. Give a good test for albumin and sugar in urin?
7. What is the specific gravity of healthy urin?
8. What is the chemical composition of the blood?

Pennsylvania State Board Questions.

ANATOMY.

December 17, 1901.

1. Describe the superior maxillary bone and its articulations.
2. Describe the glenoid fossa.
3. Describe the internal abdominal ring.
4. Name and describe the valves of the heart.
5. Describe the ankle-joint; first, the bones entering into its formation; second, their articulations; third, the important ligaments
6. Describe the blood supply of the spinal cord.
7. Describe the diaphragm and its openings, and name what passes thru each.
8. Describe the seventh cranial nerve.
9. Describe the gall-bladder, giving its location and relations.
10. Name five muscles of the shoulder and arm, and give their origin and insertion.

PHYSIOLOGY.

December 18, 1901.

1. Name and explain how the normal bronchial and pulmonary respiratory sounds are produced; describe their inspiratory and expiratory characteristics, and state where these are heard.
2. Describe the bile producing and glycogenic function of the liver.
3. State the functions of synovial fluid and cartilage, and explain how the latter is nourisht.
4. Explain arterial tension, and show by what nervous and mechanical agencies it is mantained.
5. Describe the functions of the histological elements of the blood.

PATHOLOGY.

1. State the difference between an infiltration and a degeneration, and give in detail the respective characteristics.
2. Describe disturbances of sensation and their causes, in cervical pachymeningitis and in locomotor ataxia.
3. Describe the various forms of leukocytes, and state in what diseases the respective types predominate.
4. What pathologic conditions are revealed by macroscopic and microscopic examination of the sputum, and how are they determined?
5. Describe the pathological processes occurring in enterocolitis.

CHEMISTRY.

December 20, 1901.

1. In what conditions of the urin, other than glycosuria, will the reaction of Fehling's solution test occur?
2. Give chemical tests to show the difference between poisoning by arsenious acid and tartar emetic.
3. What is ozone; its formula, properties and influence on respiration?
4. Give a reliable test for the presence of HCl in the gastric juice, and write out the reaction.
5. Describe a reliable test for the detection of any biliary derivativ in the urin.

MATERIA MEDICA.

1. Give the preparations and doses for an adult of the following: Filix mass, cannabis indica, sumbul, gelsemium and veratrum viride.
2. Describe ether, nux vomica, aconite root, oleum tigili and phosphorus.
3. Write a prescription for a mixture containing two active ingredients, suitable for administration internally in acute specific urethritis.
4. Name the kinds of incompatibility, and give two examples of each.
5. Give the dose of acetanilid, its toxic effects and proper treatment.

OBSTETRICS.

December 19, 1901.

1. Give the diagnostic points of L. O. P. by abdominal and vaginal examination, and give the normal mechanism of labor in this position.
2. What is placenta previa? Name its varieties and detail the treatment.
3. Describe the application of the forceps to the head at the superior strait, and give directions for delivery.
4. Define the different stages of labor and the dangers incident to each.
5. State the condition of the mother, also of the child, that demands immediate delivery.
6. What precautions should be taken during labor and the lying-in to prevent sepsis?
7. Give the causes, symptoms and treatment of puerperal eclampsia.
8. Give the indications and contra-indications to performing version.
9. Describe the delivery of the after coming head when extended and the occiput posterior.
10. State the conditions that should govern the employment of anaesthesia during labor.

PRACTISE.

December 18, 1901.

1. Give the clinical history and complications of gastric ulcer.
2. Define erysipelas and give the general symptoms and complications.
3. What are the predisposing and exciting causes and the symptoms of chronic pneumonic phthisis?
4. Name in the order of their frequency the various forms of valvular heart disease, and give the symptoms of mitral regurgitation upon failure of compensation.
5. Define anterior poliomyelitis (infantil spinal paralysis) and give the clinical history and prognosis.

THERAPEUTICS.

1. Name the types of cathartics, outline the indications for the use of each, and mention one remedy of each class and give its dose and method of administration.
2. Outline the action of strychnin and sodium bromid upon the nervous system.
3. Name three cardiac stimulants and three depressants, and detail the physiological action of any one on the cardio-vascular system.

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4. Give the treatment of acute dysentery and state how each remedy used acts in accomplishing the desired result.
5. What are the contra-indications to the use of an anaesthetic, and what is the treatment for dangerous symptoms developing during the administration?

SURGERY.

December 19, 1901.

1. Name the varieties of inflammation and describe in detail the treatment for each.
2. Describe in detail the proper administration of anaesthetics.
3. Name the varieties and composition of sutures, and describe their specific uses.
4. Describe the difficulties and surgical treatment of fractures involving joints.
5. Describe in detail the technique for an operation for appendicitis.
6. Name the varieties of intestinal obstruction, and describe the symptoms and treatment for any one form.
7. Describe the dislocation of the clavicle and methods of reduction and subsequent dressings.
8. Describe moist and dry traumatic gangrene, give prodromic symptoms and surgical treatment.
9. State advantages and proper technique of the x-ray work in surgery as an auxiliary means of diagnosis.
10. Give some of the principal causes and describe the treatment of hemorrhoids.

DIAGNOSIS.

December 20, 1901.

1. Differentiate locomotor ataxia and multiple neuritis.
2. Differentiate between renal and vesical hematuria.
3. Diagnosticate acute endocarditis.
4. Differentiate coma and drunkenness.
5. Differentiate aortic insufficiency and aortic aneurysm.

HYGIENE.

1. Name three ways of socalled self purification of river water, and describe each.
2. Name the four divisions in the classification of foods, and describe each.
3. What hygienic precautions should be taken in the management of a dairy farm from which milk for human consumption is supplied?
4. Why is muscular exercise highly beneficial to health?
5. Name three impurities in the atmosphere that are especially liable to have a deleterious influence upon health.

Dr. Cooper's Treatment of Gonorrhea.

There is nothing peculiar about my method of treating gonorrhea. I believe there is less disagreement among physicians as to the proper treatment of this malady than there is with reference to nearly any other disease. The internal treatment, excepting the use of a few specifics for specific conditions, has reference to a modification of the character of the urin; while the local treatment should be such as is soothing and healing to an inflamed mucous membrane. If the gonococcus is responsible for the devilment, no germicide has been discovered, so far, which will immediately destroy it.

Perhaps the best single remedy for gonorrhea, take it as it comes, is the oil of sandalwood. During the acute stage I give a combination of specific aconite and gelsemium. While taking this, I have the patient inject, three times a day, a solution of hamamelis and hydrastis, thus: Distilled hamamelis; Lloyd's hydrastis āā, ʒj; water ʒij. I always instruct the patient to distend the urethra with urin every time he urinates. This distention and flushing of the urethra is accomplisht by closing the meatus with the thumb and finger while forcing urin into the body of the penis, and after the urethra is filled to its utmost capacity suddenly letting go. This maneuver is highly curativ in itself. It is especially important to thus flush the urethra before using the syringe, for if it is done thoroly, there will be left no pus to be forced back toward the prostate and bladder. I have seen many a patient (too poor or trifling to pay for medical treatment) cured by this method alone. It is a pretty tuf thing to acknowledge, but they have generally made *nearly* as quick and good recoveries as those who took classic treatment. It is bad policy to admit to a patient the probability of a recovery under six weeks. If you can make a quicker cure, all the better, for in that case there will be no kick coming

After the acute stage is past, and the discharge has become free and grossly purulent, I add two grains of sulfate of zinc to each ounce of the mixture, and replace the aconite and gelsemium with the oil of santal, or this in combination with staphysagria. I make an essence of santal and mix it with a solution of the staphysagria. Of course I use the specific staphysagria. It goes without the saying that I put the patient under the usual hygienic injunctions.

One fact in connection with this disease has specially impresst me, and that is, gonorrhea *and honesty are incompatible.* No victim of this disease will pay his doctor, if he can possibly help it.—Dr. W. C. Cooper in Medical Gleaner.

"Black Eye" Cures.

Drs. C. A. Wood and T. A. Woodruff, writing in the Medical Standard, say that an ordinary "black eye," if seen at once, is best treated by cold applications (cloth wet with ice-water) or by an evaporating lotion such as the following:

℞

Liq. plumbi subacetatis	ʒj
Alcohol	ʒj
Aq. dest. q.s. ad.	Oj

When a definit blood-clot has formed, the skin should be incised or two or three leeches applied to the orbital margin. After two days the only thing to do is to apply flesh-colored paint to hide the discoloration.—Detroit Medical Journal.

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Hoff's Anesthetic in Dentistry.

J. B. R. asks for the composition of Hoff's formula for a local anesthetic in dentistry.

Hoff's formula consists of—

℞

Cocain hydrochlor.....	½ gr.
Morphin sulfate	⅛ gr.
Atropin sulfate.....	1/100 gr.

Generally used hypodermically. The combination is made up in tablet form.—Merck's Archives.

Dont's in Twentieth Century Surgery.

1. Don't probe for a ball. Nature will find it.

2. Don't cut away any integument. Scraps make mighty nice job lots in the end.

3. Don't destroy a piece of bone, if tissue to cover it is obtainable.

4. Don't deny nature a chance to assert her rights.

5. Don't let severed fingers and toes lie on the ground to perish. Stitch them in place; try moist antiseptic dressing and watch results.

6. Don't forget that blood clots will replace expended superficial and deep structures, even nerves, veins, arteries and bones—when properly used.

7. Don't hurt a patient who is already hurt.

8. Don't attempt any operation without a full knowledge of the anatomic surroundings.

9. Don't waste time while operating. Remember Davy Crocket's axiom, however.

10. Don't believe minor operations are not as dangerous as major ones. The prick of a pin has laid many low.

11. Don't use the knife if you can use anything else. Good judgment is ofttimes better than good cutting.

12. Don't meddle with your surgical cases. Good eye sight, tactile sensation and an acute olfactory sense are prime requisits to surgical success.

13. Don't trust your surgical cases to any one. It is better for you and your patient to know each other intimately from start to finish.

14. Don't operate on credit. Let it be straightout cash or pure charity.

15. Don't go mad over antisepsis. Operations in hovels have made some surgeons famous, and mortality almost a myth.

16. Don't forget, however, that the doctor can be a surgeon under all circumstances.

17. Don't send your operable cases away. If you need help get it.

18. Don't attempt an inoperable case. Let the patient know the facts. Truthfulness is next to Godliness.

19. Don't use dull instruments or rotten ligatures. You lose your temper in the first instance, and the patient might lose his life in the second.

20. Don't forget to always personally examin the organs of the thoracic and abdominal cavities closely.

21. Don't tell patients too much surgery. Graduates are not made in a day.—Dr. Lucien Lafton, in *Amer. Surg. and Gyn.*

Recent Books.

Solar Energy; its Source and Mode thruout the Universe. By I. W. Heysinger, M.A., M.D. Publisht by the J. B. Lippincott Co., Philadelphia. Pages xi-348. Price, $1.50.

This is not only a deeply scientific, but also a deeply interesting book, involving astronomy, electricity and many other sciences. Those interested in these subjects will not regret the purchase and perusal of this book.

The Standard Medical Directory of North America, consisting of Twelve Parts, including Directory of Physicians of North America, Medical Colleges, Medical Service of the United States, Medical Societies, Medical Libraries, Medical Practise, Acts, Medical Publications (including Books and Periodicals), Hospitals and Sanitariums, Mineral Springs, Drugs and Medicins, Medical and Surgical Products, Manufacturers and Life Insurance Companies. Handsomely bound in red buckram. 824 pages, imperial octavo. Price, $10.00. G. P. Engelhard & Co., Chicago.

Upon careful inspection, we find this more satisfactory for general information than any directory that has yet appeared. It is encyclopedic; and the information is classified in a way that makes it very accessible. For example, we find the state medical laws all together, in a single section; also the state boards of health, the state boards of medical examiners, etc. It is difficult to think of anything that is in any way related to the medical profession that is not here presented in complete and well classified form. It is a vast mine of information concerning the medical profession, and the various institutions, publications, interests, etc., connected with the profession.

Studies in the Psychology of Sex. Sexual Inversion. By Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicin, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8⅝x5¾ inches. Extra cloth, $2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry street.

Some very severe reviews of this book have appeared. It is questionable if such books do any real good. The subject is an abnormal one, and one which appeals strongly to morbid curiosity. The reading of this book is depressing to a normal man. "Is it not scientific?" Perhaps, but many indelicacies and

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even crimes have been committed in the name of science. Many excellent and useful books have a circulation far less than they deserve. By a perverse irony, we fear that this useless book will have a far greater circulation than it deserves.

The Drug Habits and Their Treatment.—A Clinical Summary of some of the General Facts Recorded in Practise. By T. D. Crothers, M.D., Superintendent Walnut Lodge Hospital, Hartford, Conn., Professor Diseases of the Brain and Nervous System, New York School of Clinical Medicin. Pages 96. Price, $1.00 net. G. P. Engelhard & Company, Chicago. 1902.

Here is a scientific, able and conscientious work on this subject. Then why listen to the blatant claims of quacks or seek for quackish "formulas," etc.? Read this book, and you will have the results of many years of experience by a conscientious master. After giving the good points of the familiar treatment by giving nauseants, he says: "This treatment is not of general application, and is full of danger." Following, we quote a paragraph from page 43. Wish we had space to quote many other paragraphs.

"The modern quack treatment is very largely a recognition of this principle of substitution, giving drugs and using measures which chemically and physiologically remove the desire for spirits. This is not curativ in any sense; it is simply drug-restraint, and masking of symptoms which break out with greater force when the restraint is removed."

Marred in the Making. A pamphlet by Lydia K. Commander. Publisht by Peter Ecler, 35 Fulton street, New York. 22 pages; price, 25 cents.

Strong and to the point, showing how children come into the world unwelcome, and with a murderous and cruel nature. Also showing how they are punisht by parents and teachers for a nature over which they have no control. The theme shows the father's sensual nature and the mother's desire to rid herself of the child she has no welcome for. Then this unwelcome little piece of humanity comes to be a sorrow to himself and a curse to his parents. The gentle, good mother, and the father who boasts of always having been moral, wonder why such a child should come to them. The pen pictures are graphically drawn. This pamphlet should be at hand for the doctor to lend to prospectiv mothers who want to get rid of the fetus.—A. M. T.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. Thoroly revised American from the 15th English Edition. In one imperial octavo volume of 1,246 pages, with 780 illustrations. Price, with illustrations in black, cloth, $5 50 net; leather, $6.50 net. Price, with illustrations in colors, cloth, $6.25 net; leather, $7.25 net.

No medical book has ever maintained a leading place as long and as indisputably as has Gray's Anatomy. It was familiar to every one who reads these lines when he was a student, and it maintains its place among students to-day. This can be said of no other medical book. The colored illustrations aid greatly in distinguishing the different structures.

A Text-Book of Patholgy. By Alfred Stengel, M.D., Professor of Clinical Medicin in the University of Pennsylvania, Physician to the Philadelphia Hospital, Physician to the Children s Hospital of Philadelphia, etc. 372 illustrations. Third edition, revised. Publisht by W. B. Saunders & Co., Philadelphia and London. Price, $5.00 net.

Dr. Stengel's work needs no commendation; his long tute ge under Dr. Pepper would have insured a capable pathologist, even had Dr. Stengel lackt his natural and superb talent and adaptability. Thru his untiring energy, constant work, close contact with students, and enthusiasm in his subject, Stengel has won position as good authority while yet a young man. He knows what the practician needs most, and his skill in teaching has permitted him to bring practical pathology within the range of any practician. The cuts are clear and distinct, and the plates are excellent. The printing and paper are the kind the Saunders people put out in their best books. Antiquated ideas are omitted, and only the modern and condenst knowledge of the subject is given space.—A. L. R.

Morphinism and Narcomania from Opium, Cocain, Ether Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment, and Medicolegal Relations. By T. D. Crothers, M.D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicin, etc. Handsome 12mo. of 351 pages. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $2.00 net.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not have been better accomplisht. The extended labors and ripe experience of Dr. Crothers have given him unexcelled opportunities for authoritativ and accurate knowledge as to causes and treatment.—A. L. R.

Diseases of the Intestins. Their Special Pathology, Diagnosis, and Treatment. With Sections on Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces, and Urin; Intestinal Bacteria and Parasites; Surgery of the Intestins; Dietetics; Diseases of the Rectum, etc. By John C. Hemmeter, M.D., Philos.D., Professor in the Medical Department of the University of Maryland, Consultant to the University Hospital and Director of the Clinical Laboratory, Author of a treatise on "Diseases of the Stomach," etc. In two volumes. Vol. II.—Appendicitis, Tuberculosis, Syphilis, Actinomycosis of Intestin, the Occlusions, Contusions, Rupture, Enterorrhagia, Intestinal Surgery, Atrophy, Abnormalities of Form and Position, Thrombosis, Embolism, Amyloidosis, Neuroses of the Intestins, Intestinal Parasites, Diseases of Rectum. With plates and many other illustrations. Octavo, 675 pages. Publisht by P. Blakiston's Son & Co., Philadelphia, 1902. Price, Vol. II, net $5.00. Set complete, $10.00.

The work of Hemmeter is always well done, but in this work he has excelled himself. The book is especially rich in bibliographical references, 93 authorities being referred to, in addition to those mentioned in the text. The plates are superb. Paper and typography of the best. The article on tapeworm is worth the cost of the book; several reliable formulas being given. The latest rectal instruments are illustrated, and operations, examination, and treatment have full space. We commend the book in unqualified terms.—A. L. R.

A Practical Manual of Insanity. For the Student and General Practician. By Daniel R. Brower, A.M., M.D., LL.D., Professor of Nervous and Mental Diseases in Rush Medical College, in Affiliation with the University of Chicago, and in the Post-Graduate Medical School, Chicago; and Henry Menry M. Bannister, A.M., M.D., formerly Senior Assistant Physician, Illinois Eastern Hospital for the Insane. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00 net.

Every practician of experience is called upon at times to be a member of a "lunacy commission," and is then expected to know the duties

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of an expert. Hence the need of such a book as the above.—A. L. R.

Mosquito Brigades and How to Organize Them. By Ronald Ross, F.R.C.S., D.H.P., F.R.S. Sold by Longmans, Green & Co., New York, N. Y. Price, 90 cents. 1902.

Bound in red vellum and containing 100 pages, with additional pages for index and introduction, it fully covers the field of our present knowledge to the very horizon. Believing that we will yet learn much, we are certain that this little book will be worth many times its price to any practician in any infected district, and will be a trustworthy guide for a long time to come. The low price places it within reach of all. It is not a cyclopedia; it is a mass of suggestions. We know of no other like it.—A.L.R.

The Medical News Pocket Formulary, New (fourth) Edition. Containing 1,700 prescriptions representing the latest and most approved methods of administering remedial agents. By R. Q. Thornton, M.D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Philadelphia. New (fourth) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, $1.50 net. Lea Brothers & Co., Philadelphia and New York, 1902.

The practician may place any kind of prescription blank in the pocket, or substitute a fountain pen for the pencil. The prescriptions include the newer remedies. The book is uniform with former editions. It is an admirable aid for the young practician and should not be forgotten by older men. Its many original and practical features render it very valuable. For those needing such a book, we may say they will find no better. It is cheap, compact, concise, modern and convenient.—A. L. R.

We have just received from the publishers, Wilmer Atkinson Co., Philadelphia, the Biggle Health Book, number six of the Biggle Farm Library. This book is written in a clear, concise style. It is not intended that it shall take the place of the family doctor. Something is often needed "before the doctor comes," and this little book will fill the place. There is not a bit of quackery in it. While the Biggle Health Book will not insure good health to the family, it will greatly aid each member to know what the laws of health are. There are 184 pages, a good index and some illustrations. The price of the book is 50 cents, by mail.—A. L. R.

Testing the blood for the percentage of hemoglobin has heretofore been rather beyond the average man busily engaged in general practise. The Tallquist hemoglobin scales are so simple and easy of application that any doctor can make this test at the bedside. It consists of a little book of perforated, filtering paper, a piece of which is to be saturated with the blood and compared with a standard color scale given in the book. So you see, it is simplicity itself. For further information, address Edward Pennock, 3609 Woodland avenue, Philadelphia.

The Germicide Twentieth Century Practise of Medicin and Dictionary of Diseases. By R. R. Russell, M.D., editor of The Germicide. Publisht by the author at New York, N. Y., Lock Box 431. Price not given.

This is a leather bound, well printed bock of 1,120 pages. It is dedicated to "Andrew Carnegie, the philanthropist of the world." It is thoroly up to date, but many important diseases are superficially considered, or the matter is so much condenst as to be disappointing. There is much of value in it, and a great deal more that will not meet the approval of the mass of the profession; "the majority is often wrong," and we like to see such erratic literature win large circulation, for it stimulates thought, and it is a good thing to think well, hard and often.—A.L.R.

Personal Experiences in Pelvic and Abdominal Surgery. A contribution by R. Stansbury Sutton, A. M., M.D., LL.D. Publisht by the Calumet Publishing Company, 315 Horne Building, Pittsburg, Pa. Price, $2.50.

The book is bound in red cloth, and contains 378 pages, and a number of original plates and cuts, which we have not seen excelled in accuracy of detail. It is more of a reminiscence than a book of reference, yet it gives many valuable points in this line of surgery. The author is well known as a practician who has made both professional and financial success come to him, strictly thru meritorious work and innate ability. We hope for the book a large sale. It is worthy perusal by any surgeon or practician.—A.L.R.

The Four Epochs of Woman's Life. A study in hygiene, by Anna M. Galbraith, M.D., with an introductory note by John H. Musser, M.D., Professor of Clinical Medicin, University of Pennsylvania. Publisht by W. B. Saunders & Co., Philadelphia and London. Price, $1.25.

The book has been written for the laity, with good intentions on the part of the author, but we would suggest its careful perusal before commending it to a patient.—A.L.R.

I Suggest Suggestion and Osteopathy. By W. I. Gordon, M.D., D.O. Publisht by the author at 1273 Euclid avenue, Cleveland, O., at $1.50.

The book contains 314 pages with added advertisements. It is a competent exposition of the belief of this class of practicians.—A.L.R.

A Manual of Venereal and Sexual Diseases. By Wm. A. Hackett, M.B., Ph.G., M.C.P.S (Ont.), and N. E. Aronstam, M.D., Ph.G. Publisht by G. P. Engelhard & Co., Chicago. Ill. Price, $1.00.

This is an excellent number of a line of books put out by this firm; they are uniform in type and admirable in editorial and typographical execution. It is modern and authoritativ. We can commend it unreservedly; 208 pages, uncut. Bound in red vellum with gold index. It is planned and laid out in four parts, and we consider it an excellent little book, but not, of course, a cyclopedia.—A.L.R.

Quiz Compend No. 15: A Compend of General Pathology. By Alfred Edward Thayer, M.D. Containing 78 illustrations, several of which are printed in colors. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. 1902. Price, 80 cents.

This issue is much above the average compend in editorial work as well as illustrations. Some of the cuts are not excelled by any found in the most pretentious volumes. It should find a large sale from its intrinsic merit and concise completeness.—A.L.R.

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Our Monthly Talk.

"Printers' Ink" is a weekly magazine devoted to the art of advertising. It is bright and able, and because of its generally conceded authority on the subjects of which it treats, it is frequently called "the little schoolmaster." It circulates chiefly among publishers of newspapers and magazines, and manufacturing and mercantile firms who advertise extensivly. I am glad to note, in its issue for April 23d, the following three paragraphs at the head of the Editorial department, double leaded, just as you see them here:

GOVERNMENT ought to own and control the railroads. They are the legs and the arms of the people—

* * *

GOVERNMENT should become the universal savings bank and life insurance company and sell annuities. The business is as legitimate as selling bonds or paying pensions—

* * *

EMPLOYEES of the government are the servants of the people. The citizen who enters the public service should be disfranchised while in that employment.

Mayor Schmitz, of San Francisco, is to be congratulated upon the success of his mode of dealing with street car strikes. When the street car managers started in to put armed detectivs upon the cars the mayor interfered. As was told last week in these columns, he gave warning that neither side to the strike would be allowed to arm. Had he followed the usual course, the street car managers would have provoked riots by this time, as they usually do. But owing to the commendably impartial and order-promoting policy adopted by the mayor, they were thwarted. The strike has been absolutely peaceable. No disorder whatever is reported. And the street car managers, hopeless of provoking riots which they could swear off upon the strikers, have come promptly to a reasonable settlement. The San Francisco mayor's action in this street car strike furnishes a precedent in the labor conflict which cannot safely be departed from hereafter anywhere in the country. The public official who in the future allows street car companies to arm will be held responsible by public opinion for any resulting disorder.—The Public.

Our problems must be *thought* out; they cannot be *fought* out.

All the protection that one man gets other men must pay for. Few think of that, not even those who pay. What protection have you? What protection are you paying for? Who pays for the protection enjoyed by the Steel Trust, the Sugar Trust, the Beef Trust, etc.? "What fools these mortals be."

"It takes great strength to bring your life up square
With your accepted thought and hold it there;
Resisting the inertia that drags back
From new attempts to the old habit's track.
It is so easy to drift back, to sink;
So hard to live abreast of what you think!

It takes great strength to live where you belong
When other people think that you are wrong;
People you love, and who love you, and whose
Approval is a pleasure you would choose.
To bear this pressure and succeed at length
In living your belief—well, it takes strength,
And courage, too."

—Charlotte Perkins Stetson.

If the people could vote on measures, how long would the tariff be continued on steel, sugar, beef (and all kinds of meat), and other trust articles?

"Change in religion, government, etc., arises from psychic causes—conformity to new psychic conceptions." Are not the trusts giving us new "conceptions" regarding the tariff? What are we going to do about it? We can't vote directly on a bill to remove the tariff from trust articles. The next best thing seems to be to nominate and elect to Congress men who *will work and vote* for the removal of the tariff from trust articles.

The laboring men of this country, particularly the organized labor forces, have been and still are a very activ and potent factor in the social and political progress of this country. The rich men look after their own interests, and are always seeking privileges and pleasure for themselves and their families. Organized workingmen feel the need of better laws, and work for them. The following letter, just at hand, is an indication of the patriotic struggle constantly being made by labor unions for better laws. You know what Direct Legislation is: it consists of the Initiativ and the Referendum. That is all "Greek" to most of the "educated classes;" but the organized workingmen know all about it. The workingmen are struggling, as they have always had to struggle, against the conservatism of capital, the venality of politicians, and the ignorance and indifference of the so-called "educated" and "respectable" classes. Here is the letter. It is a pathetic letter; but the courage and determination in it remind us of the Boston tea party, the Minute Men, Lexington, and Bunker Hill. The respectables were then tories. The men who are now working so unselfishly and patriotically for better laws are the organized laboring men:

MEDFORD, MASS., May 19, 1902.

DR. C. F. TAYLOR,
1520 Chestnut St., Philadelphia.

DEAR SIR:—It is with great regret that I have to inform you that our measure for Direct Legislation was lost in the Massachusetts House of Representativs by a vote of 111 in favor to 64 against, 17 less than required two-thirds. We workt hard and did our best with the means at our disposal. We felt confident of winning this time. Even a hide-bound party paper seemed to expect us to carry the House, for its appeal against the bill was directed to the Senate. We made a good gain, but not enuf to win. Our first effort, in 1900, did not gain enuf support to command a roll-call. In 1901 we mustered 92 votes and 6 pairs. This year 111 votes and 18 pairs. Of 29 absentees, 15 would, we are assured, have voted with us, but they had not sufficient interest to watch the matter. Our total strength was 144 in a House of 240. I desire to thank you on behalf of this committee and the organizations we represent for your interest and help. We shall be at them again next year.

Yours sincerely,
HENRY STERLING.

I intended the following review for the book

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review department; but as it fits in so nicely here, I will insert it here instead:

Organized Self-Help. A History and Defense of the American Labor Movement. By Herbert N. Casson, author of The Crime of Credulity, etc. Publisht by Peter Eckler, 35 Fulton street, New York City. Price, cloth, 75c.; paper, 25c. 240 pages.

In the past, laborers were supposed to serve and not think; to work and not talk. For a laboring man to speak for himself or his class was anarchy. He was supposed to echo the sentiments of his masters; get his ideas from his so-called superiors. Times are different now, owing largely to the years of struggle by labor unions. In this book labor has an advocate who speaks boldly, clearly, intelligently. I took up this book expecting to make a hasty review of it. My haste was checkt. I couldn't "skim" it. The time I had allowed to it elapst. I took it up at another time, with the same result. The book holds one as few books that I have ever read have held me. Here are many important links of history that are (strangely) omitted from the ordinary history of our country. The historical novels that are at present so popular give no hint of the important, tho unromantic, facts that crowd the pages of this book. Yet this book is as interesting as, or more interesting than, any of the recent popular historical novels, and in the importance of the facts given, of greater value than the whole lot of such novels that have been flooding the country during the past several years. I can do no better than to quote a paragraph here and there, which I hope will lead every reader of these lines to want the book. However, it is hard to select paragraphs for quoting without "quoting the entire book," as Mrs. T. says, who took up the book where I had to leave off.

In proportion to our population we have not today one-tenth as many riots, or as much rowdyism, as there was 100 years ago, when workingmen had no unions and fewer rights. In those days the popular hatred of aristocracy showed itself in a thousand petty acts of violence. For instance, a teamster in 1800 delighted to take a wheel off a carriage, to break the shaft or tip it and its well drest occupants into the ditch. At the theater, the people in the gallery jeered and hooted at the people in the boxes. They sang lewd songs and made coarse jokes. Any particularly stylish looking man was ordered by the gang in the gallery to take off his hat; and if he refused to do so he was pelted with sticks, stones, bottles, etc., until he either obeyed or was driven from the theater. In those days all men, as well as women, kept their hats on during the play. Well drest men and women were intentionally jostled on the sidewalks. To the poorly paid uneducated laborer, democracy meant no more than a chance to be impudent to aristocrats.—Pages 61 and 62.

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Before unions were made legal in England, all sorts of violence was committed by dissatisfied workingmen. Bodies of "machine breakers" broke into the factories and smasht the machinery; belts were cut and engines torn down. When unionism became strong, all this destructivness ceast at once. "The trade unions are usually the best teachers of law, order and disciplin," says the "Encyclopedia of Social Reform."—Pages 66 and 67.

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It was only the best skilled mechanics who could hope for 66 cents per day. Other workingmen were to have their rate of wages fixt by the constable, and were to be paid from 30 to 36 cents per day, and board themselves. Any employer who paid more than these fixt rates was fined, and so was any worker who demanded more. The wageworker who tried to raise the market price of his labor was regarded as an anarchist and a criminal and dragged before the nearest judge.—Page 72.

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When this century began, wages in New York were 40 cents a day, and in Baltimore 36 cents. The City of Washington was built by workers who got not more than 50 cents a day. The diggers, choppers, hod-carriers, etc., $70 a year, and workt as all laborers did, from sunrise to sunset.—Page 74.

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Food was by no means cheap in those days. Pork was 20 cents a pound, corn was 75 cents a bushel, wheat $2.10 a bushel, bread 8 cents a loaf. As McMaster admits, "nothing but perfect health, steady work, sobriety, the strictest economy, and the help of his wife could enable a married man to live."—Page 76.

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In 1836 they received a severe setback, from which they did not recover for 15 years. A union of tailors in New York had struck for higher wages, and 21 of them were dragged before a judge named Edwards and fined a total of $1,150. The Supreme Court of New York then sat on the case, or rather on the tailors, and decided that trade unions were unlawful. This decision, combined with a period of hard times, killed unionism for a time; and at once wages fell and hours were increast to 13 and 15 a day.—Pages 83 and 84.

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Labor is robbed by the dishonest device of watered stock to the extent of a million a year. For instance, American railways cost in actual cash $6,840,000; yet they are capitalized for $38,480,000. The railroad capitalists make their employees pay interest on $32 000,000 which was never borrowed and never existed. What a hue and cry would be raised if the trade unions attempted to "water" labor, and insist on making the employer pay for six times as many workers as he had in his factory.—Page 88.

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Without counting the national banks, there were 1,234 bank failures from 1864 to 1896, with liabilities of $220,629,988. And from 1863 to 1882, 87 national banks smasht with a total loss to depositors of $7,000,000. In the panic of '93, 141 national banks suspended in three months, and 415 private banks, trust companies, etc., collapst. The total national loss caused by that panic can never be computed. For months millions of men and women were out of employment, and the destitution in the great cities will never be forgotten by those who saw it.—Page 93.

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The prosperity of the middle classes, and in the last analysis, of all classes, depends upon high wages. The druggist, the merchant, the doctor, etc., are less prosperous when the workingman has less money. Business is sustained not by the occasional purchase of a luxury, but by the steady, every-day purchase of high-class necessities.—Page 97.

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This law of imprisonment for debt punisht the unfortunate, not the criminal classes. Some of the noblest American citizens were the victims. Thurlow Weed's father, an honest, industrious carter, was imprisoned for debt, not because he had borrowed money, but because his horse went lame and his employer failed to pay him. Horace Greeley's father, a hard-working farmer, was sold up for debt and had to take to the woods to escape being imprisoned. Robert Morris, the Philadelphia banker who financed the Revolutionary War, lending it at one time $1,400,000, was finally ruined by land speculation, and spent the last three and one-half years of his life in jail for debt. Even more shocking than this was the case of Thomas Jefferson. He, too, in his old days, saw the debtor's prison open to receive him; and his last days were embittered and reduced by the law which he had permitted to remain in force.—Pages 131 and 132.

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Thousands of working people were driven by such barbarities into the Western wilderness. There they lived in the dense forests, preferring Indians and wildcats to the public officials. Scattered along the banks of the rivers could be seen the "half-face camps" of the settlers—three-sided log-cabins with quilts of deerskin hung upon the fourth side, and a roof made of sapling and bark. Even here they were not safe from the capitalists, and hundreds of families of these squatters were driven off their farms by United States troops, because the land had been sold to some speculator for ten cents an acre.—Pages 139 and 140.

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To describe all the various reforms that have been inaugurated by organized labor bodies would require an entire book. To give an idea of the labor legislation which has been first thought out in trade unions and then forced thru stupid or corrupt legislatures, the following instances may be mentioned:

Fire-escapes on factories;
Inspectors of factories;
Protection from dangerous machinery;
Abolition of child labor;
Ten-hour day;
Ventilation in all workshops;
Seats for women where possible;

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Weekly payment of wages;
Two outlets to mines;
Protected wages of wives from attachment;
Industrial and evening schools;
Special railroad rates for wage-workers;
Boards of arbitration;
Abolisht truck stores;
Guaranteed workers' wages by lien;
Australian ballot.—Pages 149 and 150.

If you have intelligent mechanics among your clientele, you would be doing a good and gracious act by purchasing and distributing among them several copies of this book. You will thus make friends, and lead your mechanic friends to a realization of the importance and power of their class.

Balancing Our Asiatic Ledger.

Edward Atkinson, who has a solid reputation for correct figuring, has just made public his calculation of the cost of our Philippine adventures up to date.

Up to June 30, 1902, by his reckoning, the total cost of our five years of war, first with Spain and since with the Filipinos, was $660,000,000, about one-half of which was spent on warfare in the ceded islands. The cost of our operations in the Philippines for the fiscal year that ended June 30, 1901, was $144,000,000—or $1.86 per head for the entire population of the United States.

On the credit side of the account, as the total offset to this huge annual expenditure, Mr. Atkinson places our increast exports to the islands, which now amount in value to the "magnificent total of a little over $3,500 000," or not quite 5 cents per head for the total population of our country. These exports, Mr. Atkinson thinks, "may pay a profit of 1 cent per head of our population"—say $760,000.

Spending $144,000,000 a year to get back $760,000 precisely expresses, therefore, the business results of our expansion in Asia.

The above is quoted by the Philadelphia Ledger, a liberal Republican paper, from the New York World, a Democratic paper. Also, please remember that most of our "exports" to the Philippines are supplies for our own soldiers. Also, think of this fact: The enormous cost of our military operations there is paid by *all the people* by taxation, while what little profit that comes from the export trade goes to a few firms, and not to the people.

The Coal Strike.

As we are getting ready for press, the hard coal strike is beginning, which may spread to the soft coal fields. We will hastily mention a few of the factors involved not usually thought of. Within certain limits only, can the coal mine owners and operators "do what they please with their own;" and only within certain limits can the coal miners "work when they please and quit when they please." The general public has certain rights that are superior to those just mentioned, and the general public should insist upon these rights. Industries of all sorts are likely soon to suffer from a coal famin, thus seriously disturbing and crippling the movements and operations of our industrial life. It is not right that the whims of either mine owner or miner, or even the just contentions of either, should so injure society in general.

There is a country where strikes have been abolisht.* Industries, like men, should come under the law. When two men fight, they are arrested (the fight is stopt), and the case is taken into court. Courts are for the purpose of keeping the peace and exacting justice. When a fight begins between two factors of an *industry*, the law should step in, just as when two men fight, and the case should be settled, and justice should be exacted, in court. It is done this way in New Zealand, and the experiment has resulted in the preservation of industrial peace. Shall we not learn and adopt this better way?

The miners offered to submit the entire matter to impartial arbitration, but the other side refused; so the miners could do nothing but give up their demands or strike. The side that refuses to arbitrate, or Pullman-like, says "there is nothing to arbitrate," thereby confesses that his side is wrong. New Zealand has found compulsory arbitration to work admirably. It has proven to be advantageous to both labor and capital. The arbitration courts there insure industrial peace, and a high order of justice to both capital and labor. Labor unions are fostered by the compulsory arbitration law, but capital is protected against unjust demands of unions, and unions are protected against injustice from capital.

The railroad question is vitally connected with the problems brought up in this strike, but we can't discuss that this month.

*See "A Country Without Strikes," by Henry Demorest Lloyd, publisht by Doubleday, Page & Co., New York.

Practical Points.

"Urethritis is rarely a primary condition in women, but generally a complication of a gonorrheal vulvitis or vaginitis. Usually its presence adds greatly to the discomfort and suffering of the patient, owing to the pains and feeling of burning experienced during micturition. This can be prevented to some extent by the internal administration of alkalies, but local treatment of the inflamed urethra is chiefly demanded. On account of the shortness of the urethral canal in women, topical applications are more successful here than in inflammation of the male urethra, if the proper remedy be selected. Micajah's Medicated Uterine Wafers will best serve this purpose, since they are activly germicidal, and also exert an astringent effect, thus destroying the gonococci and also relieving the congestion and restoring the affected mucous membrane to a healthy condition."—Micajah & Co. See adv. on page 6.

"I have for the last five years employed Peptenzyme as my leading remedy in the treatment of the vomiting of pregnancy. It assists in the digestion of foods, and relieves the nausea more quickly than any other remedy I have ever tried. I give the pregnant woman ten to fifteen grains of Peptenzyme after each food-taking; it matters not when or how often she eats.

"Peptenzyme, by its action, lessens the nausea and assists nature in disposing of the food which is to be digested. It has been found of greatest value in sixty recorded cases, many of which had failed to get benefit from oxalate of cerium and other drugs."—North American Journal of Diagnosis and Practise.

Many of your female patients need a good supporter at times; some all the time. See

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page 29 for advertisement of the Natural Body Brace. Send for their illustrated booklet.

$7 worth for 10c. is a pretty good offer; yet that is what Mr. Tyree's trial offer amounts to if you were to calculate it at the prices asked for fluid preparations. The point is that Mr. Tyree sells the medicinal part of a fluid preparation and leaves you to supply the water, thus making it any strength to suit the individual case in hand, and making it cost you a great deal less. His advertisement on page 5 will be sure to interest you.

See page 28 for some interesting prices on surgical instruments. You can get anything you want from Mr. Frye, and as you will see by the advertisement referred to, the prices will be right. Communicate with Mr. Frye for things in this line.

The Chlorid of Silver Dry Cell Battery will interest all of the electrical physicians. See page 31. If you are not using electricity you should be, so we hope *all* of our readers who are interested in good goods will investigate the C. of S.

See page 30 for adv. of Bovinine. Blood remedies—that is, remedies made from blood—have been demonstrated to be such powerful helps in so many conditions, that no physician can afford to neglect the careful study of them. Bovinine is probably the best known in this country. If you are not already using it write for literature; you will certainly be interested.

Miss L. R., aged 24 years, school teacher, applied to me for treatment September 13, 1895. She had contracted a severe cold during the winter previous to that date. Suppression of the menses, anemia, neurasthenia. She was so nervous that she could not get a pint tincup half filled with water to her lips without spilling a portion of it. She could not sleep or eat. It was feared by her parents and friends that she would become demented. I prescribed

℞

Celerina .....
Aletris cordial .....āāʒviij

M. Sig.—Teaspoonful every two hours night and day when not sleeping.

Result. Improvement noticeable within twenty-four hours. I saw the young lady yesterday. Perfectly well, gained twenty-two pounds in flesh since she began taking the medicin. She has taken no medicin for three months.

H. E. MITCHELL, M.D.

P.O. Box 16, Artemas Pa.

Tonic, Rheumatic Remedy, Liver Medicin. This is a trio that will appeal to every general practise physician. There are many rare and complicated cases, both in medicin and in surgery, that most physicians in general practise seldom see, and many never see. But, on the contrary, there are other diseases that are demanding their skill all the time; and as they go their daily rounds, there are probably no departments of their medicin cases called on more frequently than the three containing Tonic, Rheumatic Remedy, and Liver Medicin. Many physicians use the Freligh remedies and praise them highly. Many others have trouble with these three conditions; and to all such we earnestly call attention to page 19 of this issue —to the remedies handed down to our generation by Dr. Freligh.

Are you acquainted with Tongaline? Whereever the salicylates are indicated, are the conditions. You have no doubt often noticed the little notice at the top of our Title Page, and passed it by. But if you are not already using Tongaline, send to-day to the Mellier Drug Co., St. Louis, Mo., for literature.

A Doctor's Dernier Resort.—In an obstinate case of hiccough lasting eight days under the skillful treatment of several excellent physicians, as a dernier resort I prescribed your Neurosine with the happiest effect. Two doses gave prompt and permanent relief. The patient was, at certain intervals, subject to the most violent attacks of hiccough, this last one seriously threatening his life. Neurosine, to all appearances, saved his life and effectually prevented any subsequent attack. I regard the cure as permanent. W. H. Farrar, M.D., Surgeon St. L., I. M. & S. R. R.

De Soto, Mo., Jan. 20, 1902.

See advertisement on page 9.

Gray's Tonic not only fortifies the patient's strength, aids digestion and assimilation, but has an unquestionable influence in palliating the symptoms of respiratory inflammation. This plan of treatment has also the great advantage that the patient is spared the baneful effects of excessiv drugging.

See bottom of page 33.

[From the "Wiener medicinische Wochenschrift," October 12, 1901.]

"On the day after tomorrow, at the First Medical Clinic in Vienna, there will take place the unveiling of a statue of Nothnagel, erected by his disciples on the occasion of the savant's sixtieth birthday.

"Nothnagel today is at the height of his scientific activity, which dates from the year 1865, when he was appointed Leyden's assistant in Königsberg. In 1867 he was Docent at Breslau; in the years 1872 and 1873 he taught in the capacity of professor at the medical polyclinic in Freiburg in Baden; later he was Ordinarius in Jena from 1874 to 1882, when he was called to Vienna. His first celebrated work, 'Handbuch der Arzneimittellehre,' appeared in 1870. This was followed by two essays replete with original observations: 'Topische Diagnostik der Gehirnkrankheiten,' in 1879, and 'Beitäge zur Physiologie und Pathologie des Darmes,' in 1884. Experimental investigations of the highest importance are contained in these publications, as well as in shorter compositions on the brain, the effect of lightning, temperature-

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sense, vasomotor neuroses, convulsions, Addison's disease, and the cardiac regulating mechanism. More recently, Nothnagel has written on two modern subjects, 'Compensatory Processes in Pathologic Conditions' and 'Vascular Pain.' Since the year 1894 he has been engaged in editing the great 'Specielle Pathologie und Therapie,' for which he himself wrote the volume on the 'Diseases of the Intestine und Peritoneum.' This magnificent work is now being translated into English and publisht by W. B. Saunders & Company, of Philadelphia."

We take a great deal of pleasure in calling the attention of our readers to H. K. Mulford Co's late discovery of a new hypnotic, which they call "Somnos." This, they write us, "is not a patented or proprietary preparation. It is a definit synthetic product." The Germans have brought over a number of valuable products in this line, but they insist on charging America a great deal higher price than they charge other nations, so we are very glad to see a pushing, scientific house like Mulford's enter this field. Send to them for literature.

Who in the whole country is better able to produce a beef product of any kind than the great house of Armour & Co. of Chicago? And as they have now put on the market a Soluble Beef preparation for use in sickness, all physicians will be interested in their literature concerning it. See page 16 and write to them.

Hydrozone has become so widely known as the standard Peroxid of Hydrogen preparation that no doubt many physicians lose sight of the fact that it is only *one* of Mr. Marchand's excellent preparations. Write to him for literature concerning his almost equally noted Glycozone. Another preparation which Mr. Marchand has put upon the market is Marchand's Eye Balsam. See page 16.

If you have any cases of Dysmenorrhea on hand you will be interested in the Gynecine Co's advertisement on page 31.

Mucous membrane troubles are always with you; and one remedy that you should keep on hand as your constant standby in these troubles is Glyco-Thymoline. This is an elegant and efficient preparation, in use by physicians and specialists all over the country. See page 26.

A physician writing to the Anasarcin Chemical Co. says: "The more I use Anasarcin, the more I have reason to be imprest with its powers in diseases of the heart and kidneys, which are indeed remarkable, not to say marvelous. I have tested it in my own cases, and have observed its effects in others sufficiently to know that as a heart tonic, arterial sedativ and balancer of blood pressure between the arterial and venous system, it simply stands unrivaled. Nothing compares to it to restore compensation and maintain it indefinitly. In fact, the old treatment with its long and tedious course of groping in the dark seems like child's play in comparison." See their adv. on page 14.

In buying your electrical equipment, remember that you want a static machine; and in buying your static machine remember that you want the best. In this connection we wish to call your attention to the mica plate machines. They are made by R. V. Wagner & Co., of Chicago, and they make the claim that *two* mica plates will equal *ten* glass plates. Also, the very important point that they will run *every day in the year*. See page 25 and be sure to write for literature.

Any one who proposes to better the medicins used by physicians is undertaking a work of great importance to every physician in practise. This is the work undertaken by Dr. Abbott. You will find his advertisement—giving quite a clear idea of his system of drug preparation—on page 2 of this issue. We earnestly advise you to read this adv. carefully and then to write for samples and literature.

I am not in the habit of writing promiscuously of the virtues of medicin, but when I have used a remedy for many years with uniform success I feel that it is not out of place to give that remedy my commendation. I have been engaged in the practise of medicin here for many years, and the diseases which I am called upon to treat are mostly of malarial origin. Under such circumstances I am required to have a positiv and efficient tonic for the hepatic organs. It is very difficult for me to get along without that tried and true remedy for the above conditions—Chionia. I frequently use it alone, and at other times in combination with other indicated remedies. I find it a real tonic for liver troubles and not a mere stimulant; that its administration promotes digestion and supplies the exhausted and run down liver with new energy. Another great advantage is that it has no depressing effect which ordinary purgativs possess.—I. Williams, M.D., Yorktown, Ark.

I am particularly well acquainted with cactina in the pillet form, and can speak highly of it as a cardiac tonic and as a remedy for palpitation in dyspepsia.—Alexander Bryce, H.D., D.P.H., Birmingham, Eng.

We beg to gratefully announce to the medical profession the removal of our offices and laboratories to 105 Chambers street, New York, N. Y., where with greater space and more extensiv facilities we shall be better enabled to take care of the increasing demand for Ergoapiol (Smith) and Glyco-Heroin (Smith). After having our personal statements as to the unusual efficacy of these preparations in their respectiv indications verified by hospital and clinical investigations, we sought to interest the physician individually, and the satisfaction of those who have investigated either or both could not be more fully manifested than in the necessity of our

(Continued over next leaf.)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

O. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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"THE MEDICAL WORLD,"

1520 Chestnut Street

PHILADELPHIA, PA.

VOL. XX. JULY, 1902. No. 7

Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association;

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

Stomach Lavage and Colon Washing in Cholera Infantum.

The paucity of medicin which it is possible to administer by the mouth in severe cases makes any other plan of treatment desirable as an adjunct. In absence of other apparatus an ordinary soft rubber catheter may be attacht to a small funnel, and the fluid made to flow by alternately raising and lowering the funnel. The fluid should have a temperature of 100°, and any of the following solutions may be used: Sodium bi-carbonate, half dram to the pint; sodium chlorid, one dram to the pint; boric acid, half dram to the pint; hydrochloric acid, one part, distilled water, 200 parts. This procedure is easily carried out and does not often provoke vomiting; on the contrary, one washing frequently checks the most obstinate vomiting.

In connection with the lavage, colon washing should be practist by the following method: Place the child on the left side with the hips well elevated. Carry the rectal tube slowly into the colon, and thus balloon the gut as the nozzle advances. Normal salt solution is one of the best, but hydrochloric acid (1:200), resorcin (1:1,000), or dilute tannic acid solution

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are good. The temperature is regulated by the rectal temperature of the child; ice water often is used when high rectal temperature is present, tho at other times less extreme temperature would be more suitable.

This treatment is rational in that it washes out the offending material which act as a nidus for the germs, and it admits of some degree of absorption of fluid to replace that lost by the excessiv vomiting. Unless a trained nurse is at hand, few mothers can be induced to introduce the stomach tube, and the physician must personally attend to the treatment. It has proven successful in many hands, and we commend it to trial of our readers and ask for reports in order that we may file them for another season, for by the time the disease reaches its height, it will be too late for publication this season. Make reports to the point; state number of cases, age, and whether both the stomach and bowel washing was carried out, and if not, which was. Among the many thousands of cases WORLD readers will see during the next two months, there will be abundant clinical material on which to test this treatment and see if it is worthy the high commendation given it.

Milk as a Factor in the Causation of Summer Diseases.

The artificial preservation of milk over extended periods by means of boracic acid, formaldehyd and other drugs has had much attention by the boards of health, scientists, and profession. Bacteriologists have well wrestled with the germs found in milk which is "overdue" and not "doped," but too little attention has been paid to the manner in which the cattle get their food, and the matter of containers for delivery.

Doubtless many bowel affections of adults, as well as of children, are due to contaminated milk, used as a beverage or in ice creams. The cattle having access to certain plants, such as the rhus toxicodendron or artichoke, are made severely ill; the former producing a disease known as "the trembles," and the latter causing pain, nausea, vomiting, and sub-normal temperature. The milk from such cattle must be dangerous, inasmuch as it is a glandular secretion, and the physiology of the glands is well known. Yet such milk is frequently marketed. The harmfulness to the adult of the amounts of annetto, boracic acid, formaldehyd, etc., commonly used, might be questioned; but without doubt young infants may be injured. It is certain that containers washt with water contaminated with typhoid germs, or that milk diluted with water containing such germs, will disseminate the disease. Milk not "doped," when too old develops in itself a benzine derivativ which is an intensly violent poison and is known as tyrotoxicon, tho we know too little of it except its virulent effects. Freezing does not affect the germ or toxin. We believe that there must be gradual development of this toxin, and that consequently the milk which kills those who use it, might have, some hours before, made those ill who consumed it, tho without fatal effects. Milk, from cows affected with rinderpest, anthrax, or "foot-and-mouth disease," is altered in composition, and should be condemned. Since such milk coagulates and decomposes rapidly, sufficient evidence of suspicion is at hand, even if bacteriological test be negativ.

A sick cow can furnish no milk fit for consumption by any person. One need hardly be a veterinarian to know that, since we know so much of the symptoms and results in the human female in cases of disease. Many cases of illness are traceable to such cause. If the mucous membrane of the adult stomach and bowel be susceptible to such influences, what are the probabilities regarding the effect upon the more delicate membranes of the young child? Cramps, dysentery, diarrhea, tuberculosis, spinal meningitis, cholera infantum, and other diseases are ascribed to the contamination of milk.

Such troubles may be avoided by Pasteurization or sterilization; but these are questionable expedients. It is much better to make sure of the purity, wholesomeness, and cleanliness of the milk. Since the dissemination of disease by milk is greater than supposed, it is well to take extra precautions, all thru the summer months especially. One dirty can or one ill fed cow may kill a family. Let us take care and beware.

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The Protection of the Water Supply in Summer.

"Adam's Ale" is one of God's greatest gifts to man. Men and beasts can go without food longer than without water. It is a shame that it is ever contaminated by reason of our neglect; and the penalty is often disease, pestilence and death. Precautions will avoid all of this. The safest of all plans is to boil the water, and then cool without contact with any ice or other substance which might contaminate it. Due care should taken regarding springs and wells. Surface water ought never be permitted to have access to spring or well or cistern from which water is used for drinking purposes. Elevation on surface is no protection, since underlying strata may tilt in an opposit direction and drain the foul water directly into the cistern, well, or spring, seemingly "up hill" Ordinarily it may be figured that the drainage area of a well is an inverted cone whose apex is the bottom of the well, and whose base has a radius twice the depth of the well. This rule may be valueless if the soil be porous, and the well may be found to draw water much greater distances, but certainly no closet or cesspool should be allowed within such a radius, and much greater distances are preferable. Springs should be protected from surface water by "springhouses." There is no portable filter worthy of confidence in the hands of the average layman. There are many, but all have some objection; expense, inefficiency, slowness of operation, great amount of attention, etc. Distilled water, which has been aerated and afterwards cooled, is safe, and not unpleasant to the taste when one has been accustomed to its use for a time; and portable stills which furnish an abundant supply for ordinary family use are now on the market at a low price. Near large cities bottled distilled water may be obtained cheaply. The clearness of the water is no index to its purity or freedom from germs, the clearest and coolest water often being germ laden.

Water that has been contaminated in cistern, well or spring may be rufly tested for the presence of organic matter by adding sufficient potassium permanganate to it to make it a deep purple color; this oxidizes to a brown in the presence of organic matter. Pure water retains the purple color for many days. Of course this test is of no value in determining the presence of bacteria.

Contaminated cisterns or wells may be purified by adding 1 to 1½ ounces of permanganate to the water, but it is necessary to make the water red with the drug, whatever amount may be required. This method has been used extensivly in India during cholera epidemics, and with good results. Prevention is better than cure, and it is better to guard all sources of contamination, and to instruct the laity on this important hygienic precaution.

Depilation.

We are frequently askt for some method of permanently removing superfluous hair. The common advertisements noted in the lay press are believed by the gullible laity, but no physician is excusable if he gives any credence to them. The average depilatory is in the same ethical and therapeutical category with the compounds which will cause "beards to grow on the faces of beardless men," and any doctor knows what that means.

The extended experience and experiments of the best skin specialists in the world have utterly failed to produce any compound that may be applied to the skin and permanently remove the hair without injuring the skin. The electric needle will permanently remove superfluous hair thru a long, painful, tedious, expensiv process; but generally unsightly pits remain at the site of the hair follicle, which are a worse disfigurement than the hair—they look like a concentrated colony of hypertrophied "black-heads." Every follicle must be punctured by the hot needle, and the torture is exquisit enuf to prevent any patient having more than thirty or thirty-five hairs removed at a single sitting, and such a seance occupies an hour or more.

Plasters, pastes, lotions, ointments and other measures have been repeatedly devised for depilation. They have been advertised to laity and profession. They have made fools of all purchasers, while making the conscienceless advertiser wealthy. Hydrated calcium sulfid applied as a paste and allowed to remain a few moments will remove hair or beard and leave the skin as smooth as a piece of paper; and if not left on too long it does not irritate the skin; but it is very offensiv to the nostrils, and the hair promptly

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reappears at the usual time. The following is the best depilatory formula we know of. Sometimes it will work well and sometimes not. That, we find, is true of all chemical depilatories that are applied to a living skin:

Rub one ounce of barium hydrate and two ounces of sulfur into a smooth mixture with a pint of water, then heat to boiling and boil 15 minutes, keeping up the volume with hot water. Let cool and filter, passing enuf water thru the dregs on the filter to make a pint of fluid. To this add 1½ drams of caustic potassa and dissolve. Bottle immediately in small bottles fitted with rubber stoppers.

Anatomical knowledge teaches us that there can never be a perfect depilatory until some combination of drugs is found which will act on hair alone and follow the hair tube to the depths of the follicle and destroy it without acting on the skin in the least. Such a discovery is hardly probable. There is no suction in the hair tube to coax the medicament to the follicle; and when the corrosiv action has destroyed the projecting portion of the hair, its force is then exerted on the skin; the follicle is untoucht, which soon sends out another "sprout."

There are "hair tonics" and "restorers" of possible merit; but there is not now known any permanent depilatory drug or combination of drugs with any value whatsoever, and we hope none of our readers will allow themselves to be fooled, or suggest any such measures to their patients with promise of permanent success, for the effort will be futil. Those who choose the agony of the electric needle can get rid of superfluous hair; but is the pain and expense and probable disfigurement worth the effort? Some would rather shave daily.

The Hot Vaginal Douche as Used Commonly; and as it Should be Used to Obtain Results.

If one holds his hands in reasonably warm water for a time, they become congested and swollen; but if held the same length of time in water that is quite hot, they become shriveled, pale and anemic. In other words, moderate temperature congests, and high temperature depletes. All tissues respond in the same manuer; those of the uterus and vagina not excepted.

The beneficial results following the use of the copious hot douche in uterin troubles as employed in hospitals, has led to its extensiv employment in private practise. Generally when the physician wishes to employ a vaginal douch, he directs the patient to "take a vaginal douch of hot water every other night." So directed, the patient is certain to use about a quart of warm water, injected in a squatting position over a basin or commode; thus little of the fluid reaches the uterus, and what does is certain to do harm, outside the slight benefit derived from the partial flushing of the vagina. If any practician doubts this, let him pack the cul de sac with a small pledget of dry absorbent cotton thru a speculum, and then have his patient take a douche of solution of potassium permanganate, then insert the speculum and see if the cotton is tinged with the drug.

The proper method is to have the patient use a fountain syringe to which one of the specially prepared nozzles is attacht. These are of two kinds: one style closing the vulva with a pad and allowing the escape of water thru a return tube in center, which may be comprest with the fingers for a moment to balloon the vagina; this admits of the use of much hotter water, since it is the external genitals only that are sensitiv to any ordinary heat. The other style is expanded after insertion so as to distend the folds of the vagina. Either style is far superior to the old and almost useless nozzle. The patient should lie flat on the back, without a pillow and with the foot of the couch elevated at least six inches. A Kelly pad which will conduct the outflow off into a bucket is a luxury, but the bed may be protected by rubber sheet or thin oil cloth so folded as to make a conduit to the bucket placed at side of bed. At least three gallons of water should be used, and at as high a temperature as possible. The fountain should not be elevated high enuf to give great force to the stream. Where a bath tub is available, the neatest and quickest plan is to take the douche nude; then no provision need be made for outflow or soiled bed clothing. If the patient can be induced to try the proper plan long enuf to get the real results, she will afterward follow it voluntarily. Perfect results may be obtained in the crudest country practise, at low expense, if directions are followed. No other treatment gives such good results in congestiv conditions.

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Inter-State Reciprocity.

On May 20 representativs from the Wisconsin, Indiana, Illinois and Michigan Board met in Chicago and the details for the reciprocal exchange of certificates between Indiana, Wisconsin and Michigan were perfected upon the basis of the two qualifications passed at the January meeting of the Confederation, viz.:

1. That a licen3e or certificate of qualification of at least one year's date and based upon presentation of a satisfactory diploma, and an examination before a board in specified branches of medicin and surgery, may be accepted at the discretion of a board in lieu of an examination, and as a basis upon which the license of a state may be issued.

2. That a license or certificate of qualification issued by a State Board of Registration or Medical Examiners of at least one year's date, based upon presentation of a satisfactory diploma and upon the recommendation of a State Board of Registration or Medical Examiners as to the reputability of the applicant, may be accepted at the discretion of a board in lieu of an examination, and as a basis upon which the license of a state may be issued.

Please notice that qualification 2 does not require an examination by either the issuing board, nor the reciprocating board; but a diploma is required in both qualifications. There ought to be a third qualification applying to those who have no diploma, but who have passed a satisfactory examination.

The following constitution of the Confederation of Reciprocating Examining and Licensing Medical Boards of the United States of America was adopted:

ARTICLE I.

The name of this organization shall be the American Confederation of Reciprocating Examining and Licensing Medical Boards.

ARTICLE II.

The object of this Confederation shall be to establish reciprocal relations between the medical examining and licensing boards of the states, territories, districts and provinces of the United States; the purpose of which being that thoroly worthy and well qualified physicians and surgeons who have been legally authorized to practise under the laws of one of said states, territories, districts or provinces, may be given legal authority and be admitted to practise in any state, territory, district or province represented in this Confederation without a repetition of the tests of qualification to which said practician has submitted.

ARTICLE III.

The officers of this Confederation shall be a president, first and second vice-president, secretary and treasurer, whose duties shall be those usual to said offices and who shall be elected annually by the Confederation and retain their respectiv offices until their successors are elected and qualified.

ARTICLE IV.

Additional to the officers mentioned in Article III, there shall be an Executiv Council, composed of an authorized representativ of each State Board represented in this Confederation, whose duty shall be to take advisory oversight of the affairs of the Confederation, audit claims and accounts and make recommendations as to the business affairs of the Confederation.

ARTICLE V.

Any examining or licensing board of any state, territory, district or province of the United States having a medical practise law requiring an examination before said board and requiring thoro professional qualification as the basis of legal authority to practise in said state, territory, district or province for inter-state reciprocity, shall be eligible to membership in this Confederation, and may obtain membership by the signature of its authorized representativ to this constitution and maintain such membership by compliance with the requirements of the constitution and by-laws of the Confederation.

ARTICLE VI.

The annual dues to the Confederation shall be such an amount proportioned among the boards composing the Confederation as may be necessary to meet the expense as found and allowed by the Executiv Council.

ARTICLE VII.

It shall be the duty of each Examining or Licensing Board having membership in this Confederation to draft and spread of record in its home office, a resolution embodying the basis of reciprocal recognition of applicants from other reciprocating states.

This is a practical and tangible start in a movement that should, and doubtless will, spread rapidly.

The following officers were elected:

President, J. R. Currens, M.D., President Wisconsin Board, Two Rivers, Wis.
First Vice-president, J. M. Dinnen, M.D., Fort Wayne, Ind.
Second Vice-president, W. F. Curryer, M.D., Indianapolis, Ind.
Secretary, B. D. Harison, M.D., Sault Ste. Marie, Mich.
Treasurer, W. A. Spurgeon, M.D., Muncie, Ind.

We notice the following on this subject in the Eleventh Annual Report (1901) of the State Board of Medical Examiners of New Jersey. You will notice that the requirements are very rigid:

8. Endorsement of Other State Licenses.—The license issued upon examination by a State Board of Medical Examiners of another state may be endorsed by this Board in lieu of an examination, under the *four following conditions:* (*a*) The candidate for endorsement must present with the application a duly attested certificate of academic education in conformity with the requirements of paragraph 3. (*b*) The candidate must have studied medicin at least four years, as provided in paragraph 4, including three courses of medical lectures in different calendar years in a legally incorporated medical college or colleges prior to receiving the degree of Doctor of Medicin. (*c*) The candidate must have passed a state examination of substantially the same kind and grade as that required by this Board, in conformity with paragraph 6, and must have received a state license. (*d*) The candidate must have obtained a total average marking of at least seventy-five per cent. prior to receiving a state license. Candidates must designate the state license to be endorsed, and the acceptance of an application for endorsement cannot be determined until the forms provided by this Board have been properly filled out and submitted for approval.

Application for the endorsement of a medical license issued by another State Examining Board must be made upon a blank form provided by this Board and obtained of its secretary, and must be filled out in conformity with the above conditions respecting age, nativity, residence and academic and medical education; bear the seal of the medical institution from which the candidate was graduated, with the certificate of the Dean or other executiv officer; bear a verbatim copy of the applicant's state medical license over the seal of the State Examining Board issuing the same, together with the affidavit of the president and secretary thereof, as to date of examination, number of license, subjects examined and total average attained, and must be returned to the secretary of this Board for approval and filing, with the affidavit of the candidate and a certified check or postal money order for the regular fee of $50. If approved, the license of this Board will be issued within a few days, and the application form, with academic certificate, will be filed in the State Library

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at Trenton. The endorsement of a college diploma cannot be accepted in lieu of an examination.

The report says that licentiates of the State Examining Boards of New York, Pennsylvania, Delaware and Maryland have been endorst, but only such as complied with the full provisions of the law.

The New Jersey Board is made up as follows. The division of subjects is interesting. It seems that a homeopath is president, and has obstetrics and gynecology, and an eclectic has chemistry:

Charles A. Groves, M.D., president, Examiner in Obstetrics and Gynecology and Homeopathic Materia Medica and Therapeutics, East Orange.

Davis P. Borden, M.D., Examiner in Chemistry and Eclectic Materia Medica and Therapeutics, Paterson.

Edward Hill Baldwin, M.D., Examiner in Physiology, Newark.

John J. Baumann, M.D., Examiner in Surgery, including Surgical Anatomy and Diseases of the Eye, Ear and Genito-urinary Organs, Jersey City.

John W. Bennett, M.D., Examiner in Histology, Pathology and Bacteriology, Long Branch.

William H. Shipps, M.D., Examiner in Materia Medica and Therapeutics, Bordentown.

Armin Uebelacker, M.D., treasurer, Examiner in Anatomy, Morristown.

Wm. Perry Watson, A.M., M.D., Examiner in Practise of Medicin, including Diseases of the Skin, Nose and Throat, Jersey City.

E. L. B. Godfrey, A.M., M.D., secretary, Examiner in Hygiene and Medical Jurisprudence, Camden.

Dr. M. M. Alter, of England, Ark. writes advocating that no set number of years of study should be required of a student before graduation; but that he graduate whenever he is able to pass the required examination. Years ago we advocated the same principle, and still believe in it; but let us consider that the average student must work very hard now-a-days, the full time, and with the improved facilities of the modern medical college, in order to be able to pass. But here is a fact that meets Dr. Alter's contention. Many of the state boards admit non-graduates to examination; and if they pass, they are as good before the law, and presumably before the profession, as a "rich man's son," who was able financially to take a four years' course and get a diploma.

In all diarrheas it is well to incorporate the following classes of drugs in the treatment, whatever may be the cause of the trouble or the drugs indicated: An antiseptic, an astringent, a sedative and an anodyne.

Speculation.

The quantity of "stuff"—letters, circular letters, circulars, pamphlets, etc., "booming" oil wells, mines, patents, proprietary medicins, etc., being sent to physicians and soliciting investment in stock, is remarkable. But the worst we have seen yet is a sealed envelope recently received bearing four cents postage, and found to contain two circular letters, two circulars nicely printed, and a neat little pamphlet, and what do you think all this is intended to "boom?" You will laugh when I tell you: "Our safety plan of turf speculation." The letter is addrest: "Dr. C. F. Taylor, 1932 N. 13th St., Phila., Pa." (home address), and I judge that the promoters sent the same to every physician in this city (and perhaps other cities), copying the names and addresses from a city directory. I never staked a single cent on a horse race, nor have I ever even considered such a thing for a moment. I can understand how a man who owns a nimble horse can, in a spirit of innocent amusement and sport, challenge a neighbor to a friendly test of speed, and to add a little zest to the fun, stake a dollar or so on the outcome. But to cold-bloodedly put funds into the hands of a strange firm in a distant city, for turf speculation, is the worst thing I ever heard of, even among the foolish investments of doctors. We will hope and trust that no doctor in Philadelphia nor elsewhere has been "caught by such bait." I have not taken time to read the circulars, but as I now glance at the top one before me I notice this:

"You will find this method of speculating is much better than playing the races in any other manner and is much better than speculating in Wall Street, in the Grain Market or in any other way, as the losses are always limited to a very small amount and the profits unlimited. We urge you to join us during the present racing season, with your account on this plan. No account taken less than $50 to be operated according to this progressive method of turf speculation."

Yes, it may be "better than speculating

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in Wall Street," but that is not saying much in its favor. Can't doctors find something better than either? I wish every doctor in this country would read pages 138 and 139, April WORLD, and also the article immediately following. Reading and heeding the same is a sure protection from after-regrets. Let only the foolish and those who have "money to burn" invest in the wildcat speculation that is now offered so extensivly, and urged so persistently. Are other professions and classes being workt, too? Or are the schemers concentrating on doctors because they find them so "easy?" That is not very flattering for the good solid sense of our profession.

Investments.

"I had a lot of old mining stocks in the house," said a Detroiter who invests in most anything to oblige a friend, "and when I went West last fall I took along a list of them. One day in a Nevada town I asked a real-estate man if he had ever heard of the Red Bird mine.

"'Certainly—I used to own half of it,' he replied."

"'What became of it?'

"'Why, it's the well in my back yard to-day, and a good one it makes. There was no extra charge for it when I bought the place. It's the only $2,000,000-well in town.'

"'And what about the Lone Tree? Oh, that hole has been long used to bury dead Chinamen in. Makes a $3,000,000 tomb for them, and the critters are almost glad to die.'

"'And the Blue Hill mine,' I continued.

"'The Blue Hill? Let me see? Why, I believe some saloon-keeper over at the Hills is using it for a cellar. It keeps lager beer cool the year around without ice. Makes a nice little cellar for $1,000,000.'

"'There is one more. I want to ask about the American Eagle mine. Perhaps you have heard of it?'

"'You have come to the right man, sir. That was my $4,000,000 pet mine. Yes, sir, I helpt to sink that shaft myself, and it was honest work. We put it down at least six feet while floating the stock.'

"'Ever raise any ore?'

"'Not an ounce.'

"'And no dividends were ever paid?'

"'Not a penny.'

"'And what finally became of the mine?'

"'It's right back of that livery stable over there, and the man keeps his feed in it. The Golconda is up the street and used for a dump, while the Nonesuch is down the street, and is used for a town lock-up. The Nonpareil is over on that hill, the Monte Cristo just to the left of that grove, and the Bottom Dollar——'

"But I heard enuf," said the Detroiter, "and I came home and traded all my shares off for a rat trap with two doors, and made a big bargain at that."

"Look for large dividends, and let the principal go."—Detroit Free Press.

Is the above over drawn? Perhaps. But many who have been putting their savings into mining stock, oil stock, etc., will think of the above in four or five years from now and say that it is not over-drawn. A short time ago I was going thru a large printing establishment. I happened to see an elegantly printed mining prospectus on a table, and as I pickt it up I said to the manager: "Did you print this?" He said: "Yes, we get many such things out." I said: "It's funny that people continue to put their money into such things, isn't it?" He said: "Yes, they seem to be crazy for big dividends, without regard for safety of the principal."

Here is the place to stop and think. What does it profit a man if he gains one or two large dividends (say of 10 or 15 per cent.) and lose his principal?

* * * * * * *

Oil stock, mining stock, and other similar stock, propositions, are not sent out to bankers and lawyers, like they are to doctors. The reason is obvious. But I understand that clergymen and college professors are about as unsophisticated in financial matters as doctors are, and they are as industriously "pluckt." I have heard of one doctor who recently put $8,000 into mining stock and mortgaged his property to get the money! The interest on the mortgage will fall due regularly, and the principal will have to be paid some time; when will dividends be paid on the mining stock? And when will the principal come back? Many who have had experience can make a reasonably certain guess at the answer to these questions, yet there are many who will never learn except by experience.

In the interest of yourself and family, allow me to ask you to do one thing: Make a solemn agreement with yourself (or better with your wife), that you will invest in no stocks nor bonds without first consulting your banker. It is not likely that he will charge you anything for his views; in fact, it is likely that he will appreciate your confidence in his judgment. Perhaps he can place a good mortgage for you, and arrange to collect the interest for you and place it regularly to your account, thus relieving you of all details and regular attention to collections. This service will be worth a moderate fee.

Do you want to make yourself poor by an effort to become rich? Don't be tempted. *Very* few, if any, become rich in ways that are opened to you by schemers and promoters; while practically all have been made poor to the extent of the amount that they have put in. Don't be tempted. Be satisfied with comfort, and absolute security for the proverbial "rainy day." Perhaps your family is growing, and family needs are enlarging; don't jeopardize these needs. As sure as you live, you will grow old; the

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weight of years is enuf to bear without the grinding heel of poverty. A bird in hand is worth a flock in the bush; a dollar in hand is worth hundreds in "wild cat."

A Doctor Who Has Prospered.

Editor MEDICAL WORLD:—I read with much interest your article on "Financial Investments of Medical Men" in the April issue of THE WORLD, and also what you and others said on the same subject in the June WORLD. The medical profession should thank you for calling their attention to this important topic, and yet I supposed that we were as able to make investments, as a class, as men in other branches of business.

The advice which you gave upon the whole seems to me to rest upon sound principles, but there was a suggestion on page 229 of the June WORLD that might or might not be of advantage to the doctor. If a banker is to invest his money, the ability and integrity of that banker must be first establisht. Many of them have stocks and bonds to sell, and the more questionable they are in value the greater the commission on their sale. So look well to your banker, if you employ one.

A "good safe lawyer" might invest money to advantage, but I do not see why a good safe doctor cannot invest his own money just as well as to pay a lawyer for doing it.

It takes time, study and investigation to judiciously invest money now-a-days. I have been in the practise of my profession over twenty-five years, and I have financially prospered just in proportion as I have paid attention to the investment of my money. Make your own investments.

I. A. LOVELAND, M.D.

Gilsum, N. H.

[Doctor, we congratulate you on your business ability. True, some doctors have such ability, particularly if they cultivate it as you seem to have done. Let us ask you: Have you prospered by investing in oil stocks, mining stocks, patents, or any kind of speculativ "securities"? Please tell us the nature of your investments. It is our desire not to encourage the *speculativ habit;* for it will lead to ruin sooner or later. Also it is our desire to lead physicians to only *safe* investments of their hard earned savings, so that they may be secure in comfort during the decline period of life, after the hardships involved in the practise of medicin. Bankers, as a rule, know better than doctors what investments are safe, simply because that is their business; they have made a study of such matters. They must invest the money of their depositors safely, or they will soon have occasion to take a trip to Canada. True, this happens to some of them, but it is only an occasional one. Tell us, Doctor, what you know about safe investments for doctors.—ED.]

DEAR DOCTOR TAYLOR:—Inclosed find my subscription for 1902. Your journal is always welcome, and has been for many years.

I appreciate the articles on doctors' investments. While I have, thank God, succeeded in acquiring an eighty-acre farm for my wife by saving and economizing wherever possible, I have, on a small scale, invested in a couple of mining companies, from which I yet have to see any return. However, when the proposition of the ——,—— —— Oil Company came to my office, offering stock in already oil-producing wells on Spindletop at ten cents a share, and offering to any investor of $500 a free trip down and back, hotel accommodations for a week and the money (which meanwhile has to be deposited in any bank the investor may choose) back if everything is not as represented, I felt very strongly inclined to enter into this enterprise, but expect to wait until I have heard your opinion. The attorney-general of the —— —— Railroad is president of the company, and it seems hardly possible that a man in his position should embark in a dubious scheme. Moreover, the offer of inspecting everything personally before the company receives anything, seems to exclude the possibility of foul play. On the other hand, offering shares in already-producing wells at ten cents seems queer, and I shall be much obliged to you for your opinion on this matter.

Kimballton, Iowa. L. HAMBERG, M.D.

[Doctor, what do you know about oil wells? What could you learn if you were to go down there? That offer "puts a good face" on the proposition, but only experts in that line know anything about such matters, so you or I would know but little if any more after going than before. Read Dr. Heysinger's article in April WORLD again carefully. How is the company organized? What property does it actually own? Of what value is it? And what is the capitalization? Have you considered all these points? If it is so good a thing, why don't bankers and capitalists invest in it? They know how to investigate all these things. A doctor's training has not been in this line. Better keep your $500. It won't grow any less in your hands, or in a first mortgage on a neighboring farm, to the extent of one-half the assest value. If you put it in Texas you will be anxious about it many times before you ever see it again, if you ever do.—ED.]

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Do you read one or more of the big weeklies?—and they are getting awfully big! They are important as medical newspapers. A monthly cannot be a newspaper and it should not try. That field should be left entirely to the weeklies. But how much does your big, expensiv and time-consuming weekly *aid you in your daily practise?* Upon this basis make at comparison, for one year, with THE MEDICAL WORLD. Also remember that you can slip THE WORLD in your pocket, and have it with you at odd times. We have not a word to say against the big weeklies; but we wish to make it plain to all that their field and ours are entirely different. Both fields are important.

Pruritus Vulvæ.

Davenport's "Diseases of Women," just publisht in fourth edition by Lea Bros. & Co., of Philadelphia, says of the treatment of pruritus vulvæ:—Check the irritating discharge from vagina by hot water injections, simple or medicated; by applications to cervical canal or vagina; or by packing. The most successful remedies to allay the intense itching have proven in my hands to be frequent bathing of the parts with hot water, or with a 1 or 2 per cent. solution of carbolic acid, or with the following combination:

℞	Carbolic acid	1 part
	Glycerin	10 parts
	Lime water.....	100 parts

Of ointments, the benzoated oxid of zinc, and one consisting of one part of calomel to twenty-five of simple ointment, have been most successful. Powders will sometimes succeed when washes and ointments have failed. The best of these are bismuth, or the oleates of zinc or icthyol."

Hematoporphyrinuria.

The baleful results of the administration of excessiv quantities of sulfonal are shown by the reports that appear from time to time in the medical journals of cases of hematoporphyrinuria. The article by Dr. Tyson and Dr. Croftan, which appears in the present number of this journal, and in which an additional case is reported, is particularly valuable on account of the calculations showing the enormous amount of hemoglobin that may be destroyed in these cases. That one-seventeenth of the total quantity of hemoglobin in the blood may be destroyed in twenty-four hours is enuf to lead us to consider whether it might not be better to discontinue the use of sulfonal altogether, than take the risk of producing even a moderate destruction of any of the blood constituents.—N. Y. Med. Jour., for May 17.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Remarks on Menstruation.

OBJECTIV APPEARANCE

Editor MEDICAL WORLD:—At puberty the genital organs take on a phenomenal development, and new physical and mental attributes appear. The young girl, until now childlike, spare and angular, rapidly develops a full plump form; the body becomes rounded and the breasts turgescent and somewhat projecting. Changes in the nipple are also apparent; it becomes more erect, the areola and its glands enlarge with the deposit of pigment. At this period also the os coxae and the trochanters widen, the panniculus adiposus on the gluteal muscles rapidly thickens, and the pelvis assumes the characteristic expanded female type. The labia majora close the pudendal slit, the mons pubis thickens into a fat cushion, and, with the perineum, all take on a brownish pigmented color.

The mons pubis, labia majora, perineum and anus become covered with a triangular patch of short curly hair, the apex of which is at the anus; the base passes transversely on the mons pubis. The vagina enlarges, and the uterus, which until now has retained its infant size, rapidly develops.

The cervix, which before puberty widely exceeds the corpus in size, decreases at the expense of the rapidly developing corpus, which soon exceeds the cervix in size. The utricular glands spring into prominence, and the endometrial epithelium is provided with cilia. The epithelium of the endosalpinx shows its cilia, and the myosalpinx manifests its rhythm or peristalsis. The ovary becomes congested, and its Graafian follicles quickly develop.

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The utero ovarian artery becomes highly engorged with blood. Puberty sets in motion the automatic menstrual ganglia; the sexual phases and sexual crisis are establisht. The utero-ovarian artery begins its cyclic periodical waves. Menstruation is the rhythm of the genital tract (myometrium and myosalpinx), by which the oviduct, thru secretion, ciliated motion and peristalsis, may float the ovum to the endometrium.

Menstruation establishes a periodic bloody flow from the genitals characterized by an accompanying physical and mental sexual wave. The mental attributes are: The sexual passion, a feeling of self importance, and the modesty which means that there is something to conceal and protect. In a short time the child-like, frolicsome girl of careless abandon has become developt into the self-imprest woman of power. Menstruation is establisht. Nor are these phenomena limited to the human species. Higher apes present similar manifestations at menstruation.

All sexual functions of animals and plants are periodic. Rhythmical periodicity characterizes sex, from the annual flowering of plants to the monthly wave of the female genitals. Rhythm does not characterize sex alone. All the thoracic and abdominal organs are in a continuous process of rhythmic contraction and expansion. The vascular system is in a perpetual state of rhythmic contractility. The monthly sexual rhythm is, however, almost exclusivly human, the higher apes showing it to some extent. It may be by eons of ages the human species has played a role to establish the monthly rhythm, as thru primitiv savage life the moon was the next markt feature to-day and night. Menstruation may not always have been monthly. In cold climates menstruation occurs at long intervals; the Eskimo does not menstruate during four months of arctic night. The monthly cycle may be modified in the future; physicians note an intermenstrual pain which may be a tendency to establish the function every two weeks. Menstruation is doubtless identical with oestrus. Oestrus occurs only once or twice a year in domesticated animals. This becomes more frequent in differentiated evolution and domestication. The more highly developt mentally and physically the organism is, the more sanguineous is the genital flow. This is first well markt in the monkey, especially the macacque, as noted by Heap, who made his investigations at Calcutta. In animals below man not only the genitals and breasts become congested in oestrus, but also the nates and abdominal wall assume reddened colors This is also seen in the skin of the thighs, in the tail and about the eyes. Distant observed in a female baboon nine menstrual periods a year, generally six weeks apart, but varied in time. Heap noted that tho the monkey menstruated, monthly oestrus or the seasonal influence still persisted. Hartman and Keith state that the chimpanzee has periodic menstruation with flushing and swelling of the external parts about every twenty-five days; the flow lasting three days. In this animal menstruation is establisht in the ninth or tenth year.

WHAT IS MENSTRUATION?

Menstruation is a rhythmic, monthly, vascular wave, belonging to the sympathetic nervous system, and having as its chief objectiv manifestation a bloody flow. However, menstruation is a complicated process, producing both superficial and deep phenomena. The cause and mechanism are still obscure. Many questions regarding it still remain unanswered. Do the tonic changes in the erect attitude stimulate the uterus? (A. Johnstone.) Is it caused by the debris of excessiv proliferation of endometrial epithelia suffering fatty degeneration? Is it disappointed impregnation (an immature labor)? or is it due to ovulation? It cannot be due to ovulation, because this is a lifelong process beginning before birth, continuing during gestation, and ending when the ovarian tissue is worn out; disappearing usually in the sixties. I have observed cases of profuse menstruation for nearly two years after removal of the ovaries. The menstruating organ (uterus and oviduct) is an independent organ governed by its own automatic menstrual ganglia, possessing a limited functional life of some thirty years. It is superimposed on the adult organism only during the time of prime physical vigor, for productiv purposes. Animals solicit sexual intercourse during oestrus, but man avoids it during menstruation. However, this is a social and not a physiologic fact. It is a civilized rebellion against nature exactly as the custom of wearing clothes is a protest against natural living. Oestrus and men-

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struation are practically identical, however different in detail.

Even in the human species, where social culture teaches to avoid sexual intercourse during menstruation, is found the highest physical and mental sexual impulse at this very genital vascular wave. The heightening of the sexual impulse at menstruation in woman produces languor, irritability and shyness exactly the same as the oestrus of the animal. Practically the climax of sexual feeling of healthy woman is at the menstrual period. The long cultured attempt of woman to conceal sexual feeling during menstruation cannot rob nature of its primitiv character. But for modesty, tradition, religious rites and the tendency of civilization toward teaching of concealment, woman during menstruation would follow nature in sexual passion like animals during oestrus. Tradition teaches that coition during menstruation is bad for the man and the products of conception; but tradition has no place in science or nature. It is immediately before, during or immediately after menstruation that girls have such strong sexual excitement that masturbation is practised; women who do not manifest heightened sexual feeling at menstruation are either ill or defectivly developt. It may be stated that oestrus and menstruation are identical phenomena in purpose, that they merge into and replace each other, involving similar vascular and psychic conditions.

In lower animals oestrus affected both male and female; but evolutionary differentiation has made the male lose this characteristic—*i. e.*, the descent of the testicle. Havelock Ellis in his able writings attempts to prove that a menstrual cycle exists in man, which would be a recurring period of nervous erethism accompanied by over-activ sexual activity. Physically the chief and predominating sexual emotions of woman occur at menstruation, and similarly sexual emotions predominate at oestrus. There is an annual seasonal rhythm of the human sexual organs, occurring in the spring, and a subordinate rhythm may occur in autumn. It is reasonable to believe that in primitiv times the human race had regular breeding seasons like animals, at the times of the maximum vascular sexual waves and during the season of abundance of good food. Man in civilization, like animals in domestication, tend to lose the strict periodicity of more primitiv states, being capable of more frequent breeding.

Breschet reports that monkeys copulate during pregnancy. Dr. Cook reports that with the Eskimos, during the long arctic night sexual activity is deprest, but on the return of the sun of spring the sexual passions vigorously arise (seasonal sexual rhythm), and the children are born nine months later; however not at the time of most abundant food. The annual seasonal rhythmic sexual wave is in general, spring; but in many other nations a second subordinate one also asserts itself during autumn. Erotic festivals, which are nearly always religious, are held in general with the rhythm of the sun's four solstices, the spring and autumnal equinoxes being the chief. The lunar rhythm comes next in order. The sexual organs are continually subject to rhythmical vascular waves. There are not only the regular monthly congestions and decongestions, but also the psychical rhythmic vascular genital wave.

BYRON ROBINSON, B.S., M.D.

Chicago.

The Sperm Cell is a Living Thing That has All the Potentialities of a Perfected Being if Given the Proper Environment.—Twins and Monstrosities Accounted for.

Editor MEDICAL WORLD:—This theory is in harmony with Monistic Philosophy and at variance with Dualistic Philosophy which teaches that the germ cell or ovum is the potential element, being merely imprest in some unknown way (as by a spiritual essence) thru contact with the male element.

The environment varies, according to the necessities of various animals and plants, as to food, moisture, temperature, etc.

The lowest forms of life are unicellular. The parent cell grows, in proper environment, to a certain size and then divides into two cells. No impregnation or fecundation has taken place. They are sexless. Many multicellular plants and animals impregnate or fecundate themselves. They are bisexual.

Still higher, however, we come to those that are distinctly male and female and strictly unisexual. The male in all cases furnishes a sperm cell that is the potential element, and the female a germ, ovum or egg as the proper food, for its further development.

The ovum of birds, fishes, etc., furnish all the nourishment needed for the young

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offspring until hatcht. A familiar illustration is that afforded by the common hen's egg. Every fancier knows that unless a rooster was with the hen *before* the egg was laid it will not "hatch." We know that the fertilizing agent is one or more microscopic "cells." Multitudes of these cells are daily matured and liberated from the lining membrane of the male ducts.

They are living entities. They absorb nourishment from the fluids surrounding them. They have the power of motion.

The egg is not a living entity in the same sense as the male cell. It does not have within itself all the potentiality of a perfected being. It is alive in the sense that all animal food is alive. If not alive in that sense it would not be animal food. The egg is the proper food for the male cell. Many cells find their way into the white of the egg, but even there starve to death, while only the one (or more) that reaches the germinal spot finds its proper nourishment for the next stage of its existence. Even there its environment is not entirely suitable; it must have the proper temperature to develop further.

The males of certain lower animals, notably the fishes, fecundate the eggs *after* they are laid.

Male birds fecundate the eggs at an early period *before* they are laid and even *before* the shells are formed. These eggs are large relativly to the male cell, as they must supply all the nourishment for the young offspring until hatcht.

The ovum of the higher animals, including the mammalia, does not contain sufficient nourishment to develop the offspring until birth. A placental attachment is provided by which further nutrition is rendered possible. The ovum, the placental circulation and the lacteal secretion are alike nutriment for the developing offspring of the mammalia.

In all these examples the first stage of existence is independent of the female and her egg; but when this cell, with its long filamentous tail, restlessly seeking its food, passes beyond the fluids of the male ducts that have heretofore nourisht it, it will soon die if its environment is not what its nature demands. In the case of the fish, the fish egg laid in warm shallow water is its proper environment as to food, moisture and temperature.

In the case of the chick it must have entered the egg *before* the shell had formed, long before the egg was laid, and later have the proper environment, as furnished by the setting hen, or artificial means.

In the case of the placental animals it must remain as a parasite within the womb until fitted to get its nourishment from another source. Man belongs to the placentals, and in his development he passes thru all the changes that the entire chain of animal life has passed thru, from the beginning of such life upon this planet to the present time. He begins as a simple ciliated cell not unlike a wiggletail in a rain barrel, which, after having undergone several thousand transformations will eventually develop into a full fledged mosquito; or more nearly like the tadpole in the pond that will in due time absorb its tail, develop its legs and hop out on land as an air breathing animal—a fully developt bullfrog.

This human cell is alive; it is absorbing nutriment; it is moving from place to place, it has within itself the potentiality of a perfect human being; but it must find the proper food, the proper temperature and the proper moisture. In the woman all these are found; she is a storehouse of nutriment; her temperature is uniform and fluids are abundant; in a word, she is the proper environment.

The first environment is the male ducts; later the female parts.

If there is a soul in each of these human potentialities, then there are thousands of souls in every drop of male sperm, and only one (as a rule) is destined to find in the ovum its proper food and become a human being. Thousands may wiggle their way into the zona pellucida, only to die from lack of the next proper food, while only one may reach that food as supplied by the germinal spot, to absorb its tail, develop its legs, and, like the bullfrog, become a breather of air. For the one soul that is born untold thousands have perisht.

Such is the law of life, for one minnow that arrives at a state of complete development untold thousands have died before that mature state is reacht. Not every seed that falls becomes a fully developt plant; it may lack the proper soil, or the proper moisture, or the proper temperature; in a word, it may lack the proper environment.

We are told that there is a beetle which, at the time of hatching, is not competent to seek its food; but that it lives upon its

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mother's flesh until she dies, and even later, until it is sufficiently developt to seek its food elsewhere. Our human animal lives as a parasite within the womb for 280 days, and after birth remains a parasite at the mother's breast; still getting its nutriment from the same general storehouse until fitted to seek its food elsewhere. She is indeed the storehouse of nutriment for the human race after the male has started it upon the race for life.

If only one spermatozoon enters the germinal spot of an ovum, only one child will be born. If one enters that of one ovum and another that of a separate ovum, twins will be born, each having an individual placenta; but if two spermatozoa enter the germinal spot of the same ovum, twins may be born; however, there will be but one placenta. Such twins are likely to be monstrosities or undevelopt in some way. Three, four or more cells may find the same germinal spot. The nourishment being insufficient, each will absorb a part of the others. The resulting monstrosity may have two or more heads, four or more arms or legs and one or more bodies. I would not be astonisht if such twins should be of different color, altho it would not be so liable to occur as in the case of twins each having its individual placenta. For instance, the spermatozoa of a white and a black man might enter the germinal spot of the same ovum, as is well known to have occurred in separate ova, with similar results. Some other abstruse facts may be elucidated by this theory.

It was incomprehensible under the Dualistic Theory how the sperm cell imprest the ovum, to cause it to develop a being at all; and as to how a male of one race could impress the ovum of a female of another race, to produce an offspring partaking of the peculiarities of both races was inexplicable.

Under this Monistic Theory the wonder is at least less wonderful, and the explanation is rational and scientific, to wit:

The male cell has been imprest by its line of heredity, and under normal environment it will develop all the traits peculiar to its race; but change that environment to the female of another race, and it will be nourisht in all its future development within that altered environment, and the resultant product will be altered.

As to heredity of disease, from the male, it is, according to this Monistic Philosophy, only possible with such diseases as are caused by germs, relativly small, as compared with the male cell. Syphilis may be such a disease. However, on the maternal side, as is well known, any disease attacking her may at the same time attack the fetus. Smallpox would be a case in point.

The tendency to take on diseases could come from the male, and be added to by a female of close kin; or be modified by a female farther removed; or practically overcome by a female of another race.

How far removed different animals or plants can interbreed must be according to heredity and environment; to be determined by experience.

Is virgin conception possible? That is, without the reciprocal action on the part of the male? Undoubted historical cases are on record where the virgin has been impregnated by the introduction of male sperm by mechanical means (as by a syringe in case of injury to the male organ, wherein the copulativ act was rendered impossible, and the parties were desirous of having offspring to inherit the estate that would otherwise have passed out of the family possession, or for other reasons).

Is hermaphroditism in the human race a possibility? (it is the normal fact in vegetable life, in worms, and some mollusks); or were the Buddhas, Christnas and many other divine births purely mythical and in no sense historical truths? Hermaphrodite, Apollo, Buddha, Christna and others claimed miraculous birth, and were represented to partake of the characteristics of both male and female; but none of them left miraculous offspring, which is the only test of hermaphroditism. It is possible to conceive of a being having the female sex organs, with an ovary on one side and a spermary on the other, capable of auto-impregnation—a true hermaphrodite. But such a historical case would have to be lookt upon with great suspicion. Such a case occurring today would have to be investigated by scientific methods before it could be given any credence.

Any such case, if an actual occurrence, would have to be lookt upon as a case of atavism: a breeding back toward primitiv conditions when the female, the genetrix, was capable of auto-impregnation as in the vegetable world and the lower forms

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of animal life; but which may never have been a normal means of impregnation in the placentals, or even in birds or fishes.

Can the sex of offspring be controled? A male parent will have offspring of both sexes after either testicle is removed. So will the female after the removal of an ovary. Such a couple may have twins. One may be male and the other female. Every sperm cell seems to have the potentiality of either male or female sex inherent within it. Two of them of different sex may reach the germinal spot of the same ovum. The twins will be one male and the other female. They may be connected together like the Siamese twins, with a common umbilicus and a common placenta, or from various degrees of absorption various monstrosities (as two-headed children, etc.) may result.

JNO. F. WETZEL, M.D.
813 Van Ness Avenue,
San Francisco, Cal.

[Those who have seen spermatozoa under a microscope can readily believe them to be living entities. They swim around in the fluid just like "tadpoles," or small fish with long, slender, waving tails. Their movements do not seem to be mechanical; they seem to move as freely and with as much volition in their environment as fish do in an aquarium.—ED.]

Virility.

Editor MEDICAL WORLD:—Wedlock implies love, and love implies virility. Love is based upon the sexual passion. Without passion there is no love; only simple friendship. Love, not friendship, is the mystic magnet that draws two congenial hearts to the hymeneal altar and the bridal bed. Remove the passion of love from the human breast, and you take away two-thirds of the physician's income. It is the viril man who plucks the choicest sweets of the bridal chamber. Sexual health in both man and wife is an essential to the continuance of domestic happiness. This fact, however, receives but little or no consideration from the married couple. Sexual over-indulgence is the rule, and a decent abstinence or moderation is the exception. In consequence, the physician soon has the husband consulting him regarding impaired sexual vigor.

And right here is one of the most difficult problems the physician meets. To restore and maintain sexual strength, where the patient has adequate will power and self-confidence, is not so great a task; but many of the cases we see are chronic neurasthenics, husbands who often get over the fence and wander in green pastures to their sorrow, and men sexually too weak to do family duty as husbands at all, and yet these cases are mostly amenable to cure. Then there are the men who are abject slaves to their passions; old masturbators and rakes, companions of harlots, the degenerates and the impotent, all more or less sexually weak, who come and demand of us the powers and health of youth. What shall we do with these? What can we do?

This matter of sexual weakness is not receiving the attention at the hands of the orthodox medical fraternity that it deserves. The maintenance of a condition of general sexual health is of more importance to the nation than the eradication of consumption or any other disease, for a vigorous, strong nation demands a vigorous people. We need many stirring editorials on this subject. Let the brethren also rise up and free their minds. Fully one-third of the men and one-half of the women have some trouble of the genital organs. The women are well lookt after. Nearly every doctor wishes it understood, or so announces on his card, that he "gives particular attention to diseases of females," while very few physicians advertise "diseases of males a specialty." Why is this thus? As a consequence, most of the male practise falls into the hands of the advertising doctors who fill whole pages of our daily papers with the most astounding promises, well mixt with delectable (?) information for the reading public and the ladies.

The text-books are very unsatisfactory in their treatment of male sexual weakness, and the medical journals are sadly deficient in useful information upon this subject, from one end of the year to the other. Certainly every physician has cases of spermatorrhea, impotency and partial impotency, varicocele, premature emission, etc., but why so few reports? Are there no cures? Or do the doctors dislike to make known their peculiar methods of treatment? Or have we no reliable aphrodisiacs? If we have, what are they? Is the profession lethargic and indifferent to the cries of our fellow-men? Lost manhood is a woeful condition, for saint or sinner. Is there no balm in

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Gilead? no salvation for these sufferers? I have treated many cases successfully, and have failed with others. I offer one of the latter, with remarks:

J. P., of New Orleans, a wealthy cotton factor, married at thirty, in full health. He indulged sexually without limit for four years till his wife died, practising withdrawal all the time to avoid offspring. Subsequently he led a sporting life and masturbated often, till varicocele, prostatitis and extreme nervous debility called a halt. I gave him the regular aphrodisiac pills and tablets and elixir of phos., etc. He got worse. Combining business and health, he went to Boston, where he took Brown-Sequard injections, "Mormon Elder's pills," cactus elixir, etc., without benefit. He went to England. The doctor there abandoned the stimulants, nux vomica, damiana, phos., cantharides, etc., which had so far done no good, and prescribed rectal injections of cimicifuga, celery, cannabis Indicus, hyosciamus, and sedativs, p. r n., with a hard rubber piston infant's syringe. Rectal therapy is much in vogue in England. Erysipelas, syphilis and other diseases are thus treated, saving the stomach from the ill effects of the iodids, mercurials, etc. Improvement was rapid. The varicocele was held comprest at the inguinal ring by a suitable band and soon disappeared. Instead of ligating the dorsal vein to help erection, he was instructed to pass a one eighth-inch rubber band behind the scrotum and over the back of the penis during intercourse. If short enuf it causes proper congestion.

He returned to America much elated, his diminutiv penis being his only remaining source of anxiety. For this he wore electric belts, capsicum plasters upon his sacrum, and rubbed capsicum salve on his penis till it shed tears of anguish. At Buffalo a doctor with a big glass tube promist to relieve him of his chagrin, and to transform his Lilliputian organ into a very Goliath. For $25.00 Mr. P. became the happy possessor of the glass transformer and sundry lotions. At the very first trial his penis lookt up like a Romeo to his Juliet in the balcony. At the next trial of the vacuum treatment it assumed the proportions of a majestic bologna, but only to collapse to those of an insignificant weinerwurst on the admission of air. He is still hopeful of the final result, thinks it is growing, and intends to bring it to the St. Louis World's Fair in 1904, but not for exhibition purposes.

J. H. S., M.D., St. Louis, Mo.

[Our excuse for publishing the above is to give occasion to a few much-needed remarks. The above-mentioned patient was treated abominably from first to last. When he comes to his senses, if he ever does, he will see much reason for cursing the medical profession. He came for bread, and he received a stone. The first need of that man was a high ideal. Without this his course was sure to be hellward, as it has been. Could he find no physician who would tell him that he must become a normal man in head and heart before he could become a normal man in body? The idea of giving that poor degenerate stimulating "aphrodisiacs" was simply atrocious. Of course he would get worse. The only true aphrodisiac consists of the following: A normal, well-balanced mind, a healthy body, regular and temperate habits, good hygienics in every way, plenty of healthful exercise, but not too much, full feeding on simple but nutritious food, but not gluttony, and ideals that lead upward and not downward. Such a man will have the fullest sexual health (and he will deserve it), and he will keep it long after the "sport" and libertine has "gone to pieces." When will doctors learn that "giving medicin" is the least of their duties, and that giving instruction in the highest, best and fullest living is their first and largest duty? The patient above referred to began wrong when he married. He should have had normal and temperate intercourse, and had children. Then perhaps his wife would still be living, and the interests of his children instead of the size of his penis (pitiable wretch!) would now be occupying his attention. Let us hope that his next doctor will try to make a man of him yet. His attention should be directed from his penis. A hunting trip of a couple of months, with considerable "rufing it," would be a good thing. Then he should be inspired to try to help somebody. He should read books describing "how the other half lives;" and he should visit slums, be shown what good people are trying to do for slum children, in which, or some other worthy charity, he should aid. Then, if he is ever worthy, he should ask some good, sensible woman to marry him, and then his "cure" will be com-

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plete. We hope that some friend will see that he gets a markt copy of this issue. —ED.]

Summer Complaint.

Editor MEDICAL WORLD:—The season for bowel troubles is now well on. The innocents are dropping out of life as the clock ticks, and it will be so till the frosts of autumn kill off the predisposing cause of this fatal malady. An elevated temperature, long continued, seems to be the main remote cause of summer diarrheas, whether of the adult or of the child. The reason bowel trouble is more fatal to the child than to the adult, is because the child possesses so much less vital resistance than does the adult. The adult and child being equally flesh and blood, the therapeutic principle which applies to one, applies equally to the other.

Every physician should be familiar with the different characters of fecal discharges. The healthy stool of the child is yellow, smooth, and of about the consistency of rather thin mush, the odor being simply fecal.

The green stool has depended for its color upon fermentation. All stools are inclined to take on a greenish hue after exposure to the air for some time, therefore examin fresh samples.

Curds in the passage nearly always depend upon the indigestion of the casein of the milk. Undigested fats also take the form of curds. They are smoother (greasier) than the milk curds.

Slimy stools result from a catarrhal condition of the lining membrane of the bowels. When this mucoid material is well mixed with the feces, we know that the irritation is quite remote from the lower bowel. Otherwise, it is nearer the outlet.

Very thin yellow stools occur in the hottest weather, when the child is much relaxt, and way below par. Watch out in this condition, or you will have a case of cholera infantum on hand.

Very foul stools result from decomposition of the albumins of the food. If you once get the odor right good, you will never forget it. These types are nearly always more or less mixt, as all disease types are.

Cholera infantum is very different in its stool peculiarities from all other bowel derangements. In this disease, the stools are watery and profuse, there being only flakes of fecal matter in them. Writers usually distinguish between acute and chronic cholera infantum, but really there is no chronic form of any form of cholera. It is essentially an acute disease, doing its deadly work very rapidly. What is called chronic cholera infantum would better be called chronic summer diarrhea. Acute cholera infantum is but slightly different from the Asiatic cholera of adults. Fortunately, it is comparativly rare. The chronic variety, so called, is common enuf, as we all know.

Besides a prolonged high temperature, there are other predisposing factors in the production of summer diarrheas of children. Crowded conditions very especially favor the condition which invites cholera infantum. During the heated term, all infants are much better off in the country than in the city. High temperature, crowding, and other unhygienic conditions, are merely the predisposing causes of these bowel difficulties. They simply make the child an easier prey to these ailments. The immediate cause is *always* wrong feeding. The nursing child, who has a healthy, unworried mother, almost never has any serious bowel trouble. When it does have derangements of the stomach and bowels, it is always the result of overfeeding. The mother has allowed the child to surfeit itself.

It is the handfed child which is the peculiar victim of these severe bowel difficulties. It is a screaming shame, and a blistering disgrace to humanity, that suckling one's child has become bad form among a certain class of uppish women. What must be said of that motherhood which will sacrifice to the *au fait* of snobbery the life of the innocent child she has borne?

In acute cholera infantum, *i. e.*, in cholera infantum proper, prompt and vigorous means are required. The high temperature may be modified by tepid-water spongings in connection with fanning. Nux and ipecac, or nux and geranium, or nux and echinacea, will be the most frequently needed remedies. They must be given in very small doses, and be given very frequently. At first, a dose may be given every ten minutes, lengthening the intervals as improvement takes place. If collapse is present, or threatened, inject into the cellular tissue the normal saline solution, from a gill to a half pint, according to age of child, etc.

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This can be repeated within two or three hours if necessary. Rectal injections of a common salt solution will help to control the excessiv thirst, and will have a bracing effect upon the child. Give the little one frequent drinks of pure or slightly acidulated water. Let the drinks be little and often, and they will do nothing but good. It will help to put out the conflagration which is consuming the little one. Now *don't* be timid about this. Do it fearlessly and freely, and whether the child recovers or dies, you will have added a jewel to your future crown.

The treatment for all other bowel troubles of infants, for adults for that matter, will be *mainly* dietetic. Don't waste your time and the patient's vitality upon antiseptics. *Remember* the septic condition is merely an *effect*—a symptom. *It* is not the disease, nor the cause of the disease. Throw your sulfocarbolates and all such rubbish to the dogs—that is, if you have a grudge against dogs. Don't nip at the tail of the disease. Go for the head of it. The whole bad business was caused by *indigestion*. Knowing the cause, remove it, and its effect will vanish, of course. It is correct to sweep out the *prima viae* in the start with castor oil. This will rid the intestinal canal of fermenting and other irritating material, and then all you have to do is to allow no more of it to be created. *To do this is to remove the cause, and never was disease cured except by a removal of its cause.*

When I am called to see a case of cholera infantum, the first thing I do is to convert the mother to the truth. I convince her that her child is being starved to death both by overfeeding, and by the ingestion of improper food. I make her understand that nutrition depends upon the amount assimilated, not upon the amount taken into the stomach. This is often a hard thing to do, but if I can't do it I won't take the case. This done, I then instruct her to dilute its milk so that there will be, say, one part of milk to seven parts of water. In extremely irritated conditions of the stomach, I have had them make it one part of milk to ten or twelve parts of water. In still worse cases, I have had them take away the milk altogether, and in the start feed the child a weak solution of gum arabic. The idea is this: *nothing must go into that stomach which it cannot either digest or absorb.* Unless the child is already moribund, it will start upon recovery from the moment this state of affairs is instituted. I have witnest it hundreds of times.

Having impress the mother with the paramount importance of cautious feeding, I instruct her to carefully watch its stools, and as long as any undigested material appears in them, such as curds, flocculi, etc., to keep diluting. When she reaches a point at which these disappear, then she is to cautiously dilute less. She is to be controlled in her feeding wholly by the varying character of the discharges. It is astonishing how expert the mother becomes in the feeding, and how quickly she becomes so. The mother needs no reassuring arguments after the first twenty-four hours, for the child's improvement is argument enuf.

Along with this regime, I give small and frequently repeated doses of nux and ipecac, nux and colocynth, or nux and echinacea, etc., according to specific symptoms. The colocynth is for intestinal indigestion, and to be medicinal, must be given in extremely small doses. Of Lloyd's specific colocynth, I do not give in such cases over the thirtieth of a drop at a dose. Do not give the echinacea unless there is *general* sepsis. In a glass full of water, I drop two or three minims of nux, and one of colocynth. If I use echinacea, I put a half a dram of it in the glass. The medicin is to be given every half hour till five or six doses have been taken, after which it must be given every hour.

Gentlemen, this method of treatment will save ninety-five per cent. of all your cases, take them as they come.

Cleves, O. W. C. COOPER, M.D.
Editor Medical Gleaner.

Treatment of Diarrhea.

Editor MEDICAL WORLD:—Usually "prescriptions for diarrhea" treat the disease and not the patient. Why not treat the patient? What caused the diarrhea?

In my district, liver disease, catching cold, indigestion, and occasionally putrefaction, are the principal causes. Now each and every one of these conditions requires different treatment. Imagin giving opium, or catechu, or tannin, or any other astringent in diarrhea from putrefaction.

A diarrhea is an easy thing to stop if the doctor will spend five minutes in discovering the cause. In inactivity of the

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liver, an average treatment would be to give a small dose of calomel, ½ to 1 grain. It may or may not need repetition. This treatment is equally desirable in diarrhea resulting from putrefaction, or indigestion. Then give a liver medicin. I prefer chelidonium in drop doses every hour, especially if the stools are green and slimy. Aloes are excellent sometimes where there are piles and other evidences of relaxation accompanied by considerable pain and suffering, stools watery, excoriating and lumpy. Nux vomica is useful in much the same condition, but is more often useful when the diarrhea is produced by a spree or high living and indigestion.

Iris versicolor when there is headache, vomiting, terrible pains and profuse, slimy, sour passages.

Ipecac is useful when there is vomiting with soft, slimy stools of a greenish or grayish color.

Podophyllum is especially useful in summer diarrhea with a bitter taste in the mouth and passage of a large quantity of slime accompanied by pain.

Rhubarb is useful in a sour diarrhea with much flatus and indigestion.

All these remedies are useful in diarrhea principally because of their action upon the liver; and if you can't judge which one to give, give them all in very small doses often repeated and you will come out all right.

However, if the patient has caught cold, and consequently suppress the normal perspiration, you will not be able to properly stop the diarrhea until the skin and kidneys are attended to. Aconite and gelsemium and a hot sling are the best to give first, and camphor later on.

Aconite is to be used after checkt perspiration, when there is chilliness; two to five doses will suffice, then give something else.

Camphor is useful after or with aconite, when there is severe pain and great prostration. One or two doses in hot water will suffice for this remedy.

Gelsemium in nervous subjects, especially with spasmodic contraction of the sphincter and great straining to stool.

Small doses of colocynth for griping are sometimes very useful; give with nux.

If the kidneys refuse to act, apis mellifica may be needed for a few doses.

After the effects of the chill are partially overcome, you will have a catarrhal condition that may need attention. Here is where your arsenic, cinchona, iron and cuprum will come in.

If these fail to satisfy your case, then there is plenty of time to give your opiates, astringents, etc. in their proper place.

If there is indigestion of food, clean out with calomel or possibly salts and castor oil, if you are in a hurry, and then give a good stomach and liver tonic like nux, ipecac, aloes or rhubarb, and if you give them in small doses you will have happy results.

If there is putrefaction or a tendency to typhoid, then look out. First clean house, then give your intestinal antiseptics. The sulfocarbolates have been thoroly discust. Few physicians know of the wonderful action of babtisia, one or two drops every hour in typhoid conditions. Thymolized oil, two grains of thymol in a dram of pure olive oil, given every hour, will discount the sulfocarbolates. If the patient can keep it down, all putrefaction will soon stop as will also the pain, soreness, griping and frequent passages, and your case will be well before you know it.

Wis. C. L. F.

Successful Treatment of a Case of Exophthalmic Goiter.

Editor MEDICAL WORLD:—Some three years ago it was my lot to treat a very extreme case of exophthalmic goiter. The treatment and results may be of interest to Dr. J. B. Cain (page 252).

The patient, lady aged fifty, brunette, had gone thru several months of severe mental strain in the care of an insane husband. Commenced to get sleepless, nervous and have palpitation; and after the symptoms had continued several months, I was called and found the following condition: My patient had lost about forty pounds of flesh; had a constant watery diarrhea, a trembling of the whole body, moderate goiter, slight exophthalmus, with such a degree of muscular weakness that she could scarcely raise herself from a chair; pulse varying from 130 to 160; temperature 100° to 101°; appetite gone.

After prescribing several things with no effect whatever, I gave lycopus virginicus, 10 drops of the tincture, 6 ℥ of water, teaspoonful every 2 hours. Improvement commenced almost from the first dose. The size of the dose varied from the above to seven drops of the first dilution. She

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got her first prescription August 31, 1899, and the last one October 31, 1899. The heart slowed down gradually to 72 to 88; the diarrhea ceast; strength improved and flesh accumulated, and some time in November, after getting the last prescription, she took charge of a boarding house, herself doing all the cooking.

As she had had a fatal prognosis from a Chicago physician of high repute, I feel that the results were all that could be desired, and more than I ever expected.

Michigan City, Ind. F. V. MARTIN.

Exophthalmic Goiter.—College Girl Breakdown.

Editor MEDICAL WORLD:—I read with interest Dr. J. B. Crain's case of exopthalmic goiter, page 252, June WORLD, as I have an almost exact counterpart. My patient has two children, aged respectivly four and two years, serious trouble beginning after birth of last child. Respiration 30, pulse 140, palpitation on exertion. Her eyes protude until the lids will barely meet over them. The lady has only recently moved to our town and has been under my care about two weeks. I will give the treatment I have put her on, and perhaps the Doctor will think it worth trying:

℞

Strych. sol. .....gr. $\frac{1}{30}$
Heroin .....gr. $\frac{1}{12}$

Each night at bed-time.

℞ Chloral hydrate camphor gum equal parts. Mix.—Sig.: Two teaspoonfuls full applied to tumor well rubbed in, and a sack of hot salt laid over tumor after application on going to bed.

℞ Syr. hypophosphites (Fellows'). A teaspoonful at meal time.

My patient is better, but the time is too short to be sure of results.

I have a case that is giving me trouble. A young girl of seventeen was attending college. Early last winter she broke down with what the doctor of the college town pronounced nervous prostation. She was brought to her farm home and their village doctor employed. As she did not improve as much as her parents expected, they brought her to me. She was pale and had an anxious expression, poor appetite, restless and disturbed sleep. Menstrual periods irregular, no heart or lung lesions, urin normal. She was somewhat constipated, slight endometritis but no displacement. She was nervous, but complained of no pain, "only tired all the time." I put her upon tonics: iron, strychnin, heloneas, etc. Kept the bowels regular. Gave local treatment and hot antiseptic douches. At present her color and expression have improved, eats and sleeps well, menstrual periods regular, endometritis better and bowels move every day. Still she says she is no better. She is unwilling to go any place; even objects to coming to my office. She says it makes her tired. She shuns her young companions and wants to lay around and read most of the time. When her mother urges her to go out with her friends, she says, "You don't know how I feel. I am so tired." Any light on the subject will be thankfully received, and I will watch for what others do for exopthalmic goiter.

This is my first appearance in the WORLD family.

MARY D. ARDERY, M.D.

Knoxville, Iowa.

[Doctor, had you thought of the possibility of masturbation in the girl's case. ED.]

Circumcision for Epilepsy.

Editor MEDICAL WORLD:—In looking over the April WORLD, I believe that Dr. A. E. Dalton (page 162) has a case of reflex irritation from the prepuce. He states: "Foreskin does not push back over glans." The case should be circumcised, and there will soon be a radical cure of all nervous manifestations.

E. P. BERNARDY, M.D.

221 South Seventeenth street, Philadelphia.

Pain During Coition Caused by Rectal Ulcer.

Editor MEDICAL WORLD:—Referring to Dr. Johnson's case, page 219 of May number, would suggest that his examination of patient include the rectum. A year or two ago a lady came to me and described similar conditions of pain and cramping during and following intercourse. A rectal ulcer was found to be the cause.

C. M. CHANDLER, M.D.

Salt Lake City, Utah.

Congenital Absence of Gall Bladder and Common Duct.—Ligation of Veins of Penis for Loss of Erectil Power.

Editor MEDICAL WORLD:—It has been some years since I have written anything for your pages, but with your permission I will report briefly what I think will be of special interest to students of physiology and pathology. A few days ago Dr. Molz,

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a prominent physician of this city, askt me to assist him in making a postmortem examination of an infant which died at age of about 24 days. It was born apparently a well developt and healthy boy baby, with nothing of unusual interest about its birth so far as observation went at the time. When about one week old the skin of the child began to assume a yellow appearance, but no medical assistance was called until about one week before death. Stools (as had the meconium) showed a lack of bile. No treatment seemed to help. The child did well until about one week before death, and near the end was threatened with convulsions. At death it was as yellow as a pumpkin. We expected naturally to find occlusion of the common biliary duct, but to our surprise there was no gall bladder; and extending from the fissure in the liver where the gall bladder should have been, to the duodenum, was a cord-like body which might have been a rudimentary biliary duct. As eminent authority as Playfair says the liver begins to secrete bile at fifth month. May Playfair not be mistaken? If he is right, why did this child not become jaundiced and die before full term? I can only suggest that the bile may have been carried off thru the mother, but that theory will lead to puzzling questions. It was free from jaundice at birth. We are all familiar with obstruction of the biliary duct; but has any brother ever known of a case where there was entire absence of gall bladder?

Some months ago some brother reported good results from ligation of the veins on sides of penis in threatened loss of sexual power. Has he or any one ever tried ligating the dorsal vein for same purpose? Bartholow, with apparently good results, practist hypodermic injections of ergotin about the dorsal vein of the penis where there was a loss of erectil power. It would seem that the ligation of the dorsal vein might be a quicker and more efficient method of treating such cases. I have two or three cases where I could try the experiment of ligating, but would first like to know if others have tried such methods successfully.

S. R. McKELVEY, M.D.

Bedford, Ind.

In June WORLD, page 236, second column, second line from bottom, should read, pot. permangan. ʒiv, instead of ʒiv.

A Phantom Pregnancy.

Editor MEDICAL WORLD:—In the spring of 1896 I was engaged to deliver Mrs. D., age 24, who had been married about two years, but had never had been pregnant before. She and her husband said her time would be up on Aug. 7th, and desired me to keep myself in readiness. I told them that if there was any swelling of the feet or any other symptom out of the usual line to let me know and I would attend to it.

As these people lived about twelve miles from my office, I did not see Mrs. D. till July 4th, at a picnic, and the only conversation I held with them at that time was while they were seated in their buggy and I stood by the vehicle with my foot on the wheel. Mrs. D. told me that she was "doing fine;" her health was good; to use her own words, she said, "Doctor, I am getting along too well;" as she leaned over the edge of the buggy, she said: "the milk is running out of my breast." "Oh," I said, "that is all right." She was a fine specimen of a lady, her weight was 140 pounds, height 5 feet 4½ inches, bust and hips well developt, and further she was a lady above the average in intelligence, having been a school teacher several years. Her appearance was that of a lady 7½ or 8 months advanced in pregnancy.

On July the 26th I received a note from her stating that she had made a mistake in her count, and that the time would be one month later, or Sept. 7th. Hearing no more from her, sure enuf on Sept. 7th there came a messenger for me to go to Brady Dewell's as quick as I could, as I was needed at once. On my arrival at the house I found Mrs. Dewell's mother, Mr. Dewell's mother, and the would-be father, Mr. Brad. Dewell. The patient had her room in splendid form for a lying-in chamber. Mrs. Dewell, the prospectiv mother, was lying on her back in the bed holding a sheet fastened to corner bedposts at the foot of the bed. About every five minutes she would have a bearing down pain and work with the sheet as tho she was in the second stage of labor.

After disinfecting hands and external organs of generation, etc., I palpated the abdomen, placed my phonendoscope on the umiblicus and listened. No sound of heart beat could be heard. I made a vaginal examination and to my surprise I found an os about one inch long and ½ inch in diameter, indurated; in fact, just such

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an os as one would find in examining an adult virgin. Externally, to all appearances, the woman was at full term and in the end of the second or commencment of the third stage of labor.

I told her not to work with the pains any more, as they were not doing her much good. I askt her to get up and stand with her back to the wall, when I practist ballottement. I found that the uterus was about 3½ inches long by 1½ inches wide.

I told all present that the lady was not in the family way, and they refused to believe me, as they all asserted that they had seen the movements, and Mrs. Brad. Dewell said she knew she felt it move only a short time before.

"Well," said I, "I will not give you a dose of medicin. Take off those night clothes and put on your dress and do not lie down any more to-day till bedtime, and make up your mind that you are not sick, and your pains will leave you and you will return to your normal size; the milk in your breasts will dry up and your monthlies will return, and you will be yourself again." All of which came about in the course of three months.

Now, brothers, here is the secret of this wonderful phenomenon. This couple were both healthy, strong, well developt people, and for two years they had done everything they knew, as they said, to bring forth an heir. They said they would give all their worldly possessions to be the father and mother of a good healthy baby.

Mrs. Dewell's statement of her own case to me is as follows: "It will be nine months the seventh of this month (Sept.) since I got over my menses. Two weeks later I was sick at my stomach. Brady laughed at me and told me that I would have to wait about nine months to get rid of it. From that time till now I have been the happiest mortal on earth; in fact, it has been the only topic of conversation in this house ever since." And she exclaimed, "Oh, Doctor, what will I do with baby's wardrobe? All these fine little things that I fancied would make it look so sweet."

I treated this lady for eighteen months after this and saw her more often than I did before; and in less than three months she wore the same clothing that she wore before this phantom pregnancy took place. I have given names so that any one might write to the parties if they had any doubt as to the facts in the case.

Now, Mr. Editor, or any of the WORLD readers, have you ever had a parallel to this case? W. H. BROWN, M.D.

Rush Springs, I. T.

The Pessary.

Don't lose sight of this fact: "the pessary is an instrument designed to retain in situ a *replaced uterus*, by its pulley-like action upon the anterior and posterior vaginal wall."

Don't condemn the pessary if you have introduced it without a previous knowledge of the position, the degree of displacement of organ, and in the absence of local and constitutional treatment.

Don't fail to immediately remove a pessary if it gives rise to discomfort. A well fitting instrument should be worn without the patient's being conscious of its presence within the vagina.

Don't overlook pressure symptoms from a pessary used in anteflexions.

Don't neglect to have your patient report every third day for the first two weeks after introducing the instrument.

Don't permit a pessary to remain in situ over six weeks without removing. Note the improvement, treat the local condition, and re-introduce after a period of two or three days.

Don't use mineral douches. They leave a deposit, cause irritation and predispose to ulceration.

Don't be discouraged if failure attends your first use of the pessary. Frequent alteration in shape and size is necessary before you obtain the desired end.

Don't make the patient fit the pessary, but the pessary fit the patient.

Don't have anything to do with the instrument unless you understand its mechanism, its method of introduction, unless you reduce the displaced organ; treat locally the pathological condition and have a *pelvic floor* capable of giving the desired support. T. FRED. FLETCHER.

Cambridge, Ohio.

Snake-Bites.

Editor MEDICAL WORLD:—With ripening blackberries, huckleberries, etc., alluring the children into woods and unfrequented districts, perhaps it would not be an inopportune time for me to offer a few remarks on the treatment of snake-bites.

There are over twenty-five species of

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poisonous snakes in the United States. Eighteen of these species are true rattlesnakes; the remaining varieties are divided between the moccasin or copperhead and the common viper. Venomous snakes of this country, with one or two exceptions, belong to the class of pit-vipers, the "pit" consisting of a depression over the lip and between the eye and nostril. These poisonous snakes present certain general characteristics: broad flat heads, nose stumpy, short stumpy tail, and jaws that overhang like those of a mastiff. The fangs are two in number, inserted in the fore part of the upper jaw. They are cannula-like, the duct leading to a poison bag situated at the root of the fangs. In a striking position the fangs are at an angle of about forty-five degrees, requiring the snake to go upward, and then downward to insert the fangs. Of these varieties the rattlesnake is the more venomous; and in treating a bite by this reptil we should institute a more vigorous treatment than we would employ in case of a bite by a less poisonous variety.

We should endeavor to accomplish two things in treating a case of snake-bite: First, to prevent or limit the amount of poison entering the system; and second, to antagonize or neutralize the poison as far as possible after entrance, and to stimulate the system. We accomplish the first by (1) applying a ligature to the part, if it happens to be an extremity. This should be applied just above the bite, between the body and the wound. Slackening the ligature at short intervals, we admit the poison in such small quantities that the system is enabled to successfully combat it. The length of the interval and the amount to be admitted depend upon the condition of the circulation and respiration. (2) By suction, applying the mouth to the wound. This is a safe measure, as the poison is noninoculable to the entire mucous tract, providing the person employing this method has no decayed teeth and no abrasion of the lips or gums. (3) By excision of the wound, or amputation if the part happens to a finger or a toe. (4) By cauterization, employing nitrate of silver, or better, the actual cautery.

To accomplish the second indication we give large amounts of whisky, it being almost impossible to make the patient drunk. Along with your alcohol give digitalis and other cardiac stimulants. Injections of ammonia are said to be beneficial. Hypodermic injection of a 1 per cent. solution of permanganate of potassium around the wound, and iodin applied locally, are said to neutralize the poison.

Byron, Ga. M. A. WARREN, M.D.

Palliativ Treatment of Locomotor Ataxia.

Editor MEDICAL WORLD:—The writer lays no claim to originality in the following treatment, merely citing the results of old and well-known therapeutic measures in this obstinate and oft-times irremediable disease. The patient, aged 44, farmer, attracted my attention while walking into my office two years ago. Coming for treatment for another trouble, no mention was made of his visible ataxia. He called ten months ago, however, seeking relief from his "neuralgia," which, he said, "stabbed him unmercifully in the thighs, calves and heels." Inquiry elicited the following history: Patient had a suspicious sore on the penis twenty-one years ago. Was treated by a physician friend for about a year. His medical friend did not tell patient what ailed him, but patient is sure he had syphilis. Never had any skin eruption. From the age of 18 to 36 patient frequently drank to excess of alcoholic liquors. Five years ago he first noticed the lightning pains; two years later there developt an external strabismus of the left eye, with ptosis and double vision.

Patient now began to notice that it was becoming more and more difficult to button his clothing, pick up coins and other small articles. Walking, particularly after dark, or over ruf ground, was attended by frequent falls. This interfered with the details of his farm work to such an extent that patient was thinking of leaving the farm. One and sometimes two canes were required as aids to steady and support him when walking about the fields. Patient had frequent attacks of vertigo, and there was almost complete loss of sexual power. Micturition was slow and difficult, and the bowels were constipated.

On examination the diagnosis was confirmed by finding the Argyll-Robertson pupil, Romberg's symptom, entire loss of both patellar tendon reflexes, areas of partial anesthesia and delayed sensation of pain (three seconds). The temperature sense was affected but slightly.

A vigorous course of anti-syphilitics was prescribed, which was discontinued

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after eight weeks, as there was no improvement and the experience of other practicians discouraged it.

The patient was then instructed in a form of systematic exercises, such as walking within the width of a certain board in the barn floor, taking care to place the feet in the correct position, touching the knee with the toe of the opposit foot, touching certain points on the floor with the toe. Corresponding exercises suited to the upper extremities were recommended, and all were carried out faithfully. Fluid extract of nux vomica was prescribed in drop doses in water after meals, to be increast one drop per dose every second day. Fly blisters the size of a quarter dollar were applied to the lower dorsal spine. As these blisters began to heal, three or four others were placed in a row over the upper dorsal and lower cervical spine. The upper cervical and lumbar regions were next blistered. This entire procedure has been repeated four times. The dose of nux was progressivly increast until the patient was taking thirty drops t.i.d. This maximum dose was continued until two months ago, when it was decreast at the same rate at which it was increast.

At this writing the patient has very little pain; appetite, strength and spirits are improved; the condition of the bowels and bladder is much better, and the ataxia is scarcely apparent. He has undertaken his farm work for another year and has no trouble in plowing or walking behind the harrow. The decrease of nux vomica has not, as yet, been attended by any appreciable relapse. I think that the disease can be held in abeyance by these measures, and this man's period of usefulness be extended for many years. The writer offers the above as a suggestion to those discouraged brothers who "have tried everything else." GEORGE S. POST, M.D.

Fair Haven, N. Y.

Personal Experience with Cannabis Indica.

Editor MEDICAL WORLD:—I have had two interesting (?) experiences with the drug known as cannabis Indica, and the following is a description of them, which you may publish if you think them of sufficient interest to the readers of THE MEDICAL WORLD. In each case it was my intention to test the drug with a view to using it in my own case, and I had no intention of taking a quantity sufficiently large to produce the toxic effect, yet this is what happened. It is a well known fact that the drug as found in the market is of variable strength, and, for this reason, its use is entirely tabooed by many practicians, yet it is regarded by authorities as a very useful and serviceable remedy where its employment is indicated. In each of the cases herein described it was not my intention to take what I regarded as the maximum dose of the article I had in hand, but rather what seemed to be a medium dose; but it will be seen that I got a larger dose than I intended, and, I think, in the latter case the drug was more powerful than that usually found in the market.

My first experience occurred about eighteen years ago. At this time I probably took something over a grain, and in about two hours thereafter I came under the influence of the drug. I first felt lightheaded and sleepy; later, intoxicated and my vision became double. In attempting to walk I would stagger and reel as if about to fall. I then experienced hallucinations. I would laugh and cry at the same time. My pulse was strong and the pupils of my eyes were slightly dilated. The effect of the drug, however, soon wore away, leaving no symptoms behind.

My second experience, which occurred recently (February 8, 1902), was much more severe. I purchased a small amount of the solid extract of the drug in order to prepare some pills, and with a view to testing the strength of it I took about three-fourths of a grain, regarding this quantity as a medium dose. This was taken at about five o'clock in the afternoon and an hour later I walkt to my residence, a distance of about a quarter of a mile, for supper, eating a very hearty meal. During the meal I felt the effects of the drug gradually coming on, and as soon as I had finisht eating I told those at the table that I had taken a dose of cannabis Indica and that I would go back to my office at once and lie down until the effects of the drug wore off. I now began to feel the effects coming on quite rapidly. I could scarcely walk nor gauge the distance of objects before me. Everything seemed to be at a great distance. I would stagger, and feel sensations as if intoxicated, but finally managed to get into my office. It then occurred to me that I would become unconscious, and I at once telephoned to a neighboring physician, and in the mean-

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time took a heart stimulant tablet. As the effects of the drug increast my vision became dimmed, the persons who came into the room in a few minutes after I had telephoned appeared to me as spectres moving about in space, and the walls of the room seemed a great distance away. My pulse at first was strong, but soon became rapid and weak, beating about 170 a minute. The doctors claim that my circulation remained normal with the exception of a very short time, when I became cold and clammy. My pupils were slightly dilated, but responded to the effects of light. At the height of the effect of the drug I was totally blind. I experienced all those mental phenomena characteristic of the drug. I felt certain that death was approaching and inevitable. I felt as if I would suffocate and as if my lungs would burst. I had four or five internal spasms which were exceedingly strong. The muscles of my legs and arms became rigid and immovable. It seemed to me that my heart and all the muscles of respiration were paralyzed, as I experienced great difficulty in breathing, and it was several days after before my breathing became normal—probably due to the effeminating influence that the drug exerted on the heart muscles. During the night I could not sleep, as on lying down I immediately experienced a difficulty in breathing. The next day I was compelled to move about very slowly, and would soon tire out, due to shortness of breath. A peculiar sensation that I experienced when the spasms were on appeared to me as a wave-like motion going in a winding circular direction similar to the motions of an auger. These sensations appeared to start at my head and terminate at my feet. By 10.30 o'clock of the same day the effects of the drug wore off so that by the aid of a friend I was able to walk to my residence. I have since been using cannabis Indica in quarter grain doses, and it produces a very nice sleep with no bad after effects. It does not constipate nor dry up the secretions. It acts as a laxativ, keeping the bowels regular and the appetite good. I regard it as a very good medicin where indicated, the only objection being the difficulty of obtaining a staple article.

Tiffin, Ohio. J. S. JUMP, M.D.

Hot weather has no terrors for the WORLD family. They think and work and write at all times.

Probably Diabetes.—Hot Flushes.—Vomiting of Pregnancy with Irritable Heart.

Editor MEDICAL WORLD:—I think I can give Dr. J. B. Cummins, of Cryer Creek, Tex., the clue to success in his case mentioned in the June WORLD (pages 251, 252), as I had a very similar case last summer, only the stomach and bowel symptoms were not quite so markt. However, perhaps my patient suffered just as much, but did not make so much fuss about it. In his urinalysis he says "considerable glucose;" also that she is "very fleshy." I think there is no doubt that she has diabetes mellitus, and I would advise the doctor to give her "Arsenauro," beginning with m iij, t. i. d, increasing it m j each day until the point of saturation is reacht, indicated by griping. Hold at maximum dose for one month after sugar has all disappeared, and gradually reduce again. Of course she should have a diabetic diet also. With this treatment I think he should have markt improvement in two or three months.

I think your readers will find a good preparation of cimicifuga a good standby in hot flushes.

I give you the following history of a case I had recently, hoping it may perhaps be of benefit to some of the WORLD readers. Mrs. C., age 33, nothing worthy of note in family or personal history except she has had occasional attacks of palpitation of heart. March 7th, was called to see her for painful urination; gave corn silk, saw palmetto and pot. bicarbonate, which gave quick relief. The woman was at this time seven months pregnant. A day or two afterward I was called again, she having been taken with severe vomiting and a feeling of suffocation. The vomited matter was slimy and green, mixt with considerable dark colored substance which appeared to be partly digested blood, altho I did not examin it under a microscope.

I cut off all solid food, gave milk with limewater and broths in small quantities with bismuth and cerium oxalate to control vomiting. This was no sooner taken than rejected, and symptoms all became exaggerated so that even a teaspoonful of water would give rise to vomiting. I then began rectal feeding with peptonized milk and chloral, grs. xv twice daily. This was continued four days when she began taking a little grapejuice and beaten egg. Vomiting began again, and I changed the

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position of the child and gave nux vom. min. ij, water ℥ij, teaspoonful every hour. The child lay with head in the iliac fossa with limbs obliquely upward toward stomach. I succeeded in bringing head over pelvic opening, when it came down nicely and symptoms abated for one or two days. Symptoms returned and I gave prussic acid dilute m iiss every hour. This controlled vomiting. On evening of April 4th her heart began to palpitate, and on listening to it, I don't know anything better to compare it to than a small engin going for all it was worth. I left digitalin, gr. $\frac{1}{120}$, to be given every hour. Next morning it was still going at same rate, and I began to fear it was going to wear itself out and stop. I gave tr. nux vom. m viij at one dose and in five minutes it was under control. April 16th labor pains came on and on 17th the woman gave birth to a baby girl, which I would judge to be about eight months. Two days after confinement heart started up again. Gave hypo. of strych., gr. $\frac{1}{30}$, without effect. Gave strychnin gr. $\frac{1}{60}$ every hour. This time it went eighteen hours before quieting down. From this on things went smoothly and mother and babe are now well and happy. At one time when I visited her there was no fever indicated by mouth temperature, but noticing that the hand felt hot I placed thermometer in the palm of the hand and it registered 101°. This struck me as being very peculiar, as I had never heard of such a thing before. I again tried mouth temperature, but it was normal. Is there any special reason in this case that should cause the vagus to lose its inhibitory action? She had spells of palpitation before, but only for a few minutes at a time.

A. F. Wright, M.D., C.M.
Plainville, N. Y.

Some Cases of Syphilis.

Editor Medical World:—The following cases will illustrate the importance of recognizing the lesions of syphilis, wherever found:

Case No. 1. Mrs. V. was being attended for rheumatism by family physician. Called me in consultation for leucorrheal discharge. Found by examination thru speculum well developt syphilitic ulcer on cervex uteri. Examined body and found secondary symptoms—eruptions, etc., falling of the hair, etc. Diagnosed syphilis, rheumatism, et al.

Case No. 2. April, 1897, was admitted to McKane Hospital, woman 65 years old. At lower third, outer side of right leg an ulcer three and one-quarter inches in circumference, exposing the tendons of the flexor longus pollicis, flexor longus digitorum, and tibialis posticus muscles. The posterior tibial nerve was also laid bare. My colleag at the hospital advised amputation in this case. I suspected syphilis and talkt with patient, and she admitted when a girl that she was infected.

Case No. 3. Respectable citizen—clergyman. Called at office; said he believed he was suffering from varicose veins. Syphilitic ulcer beyond a doubt. Told him not to be afraid; everything was safe. Admitted that when a young man he had become infected.

Case No. 4. Young man, about thirty-two years old; carpenter by trade. Suffering from what he called summer heats and "hair cuts." The heats were minute eruptions all over the body resembling flea bites, and the "hair cut" a well-developt chancre.

Treatment: It is a rule I have adopted for years, to put all doubtful cases of ulcers on test treatment: Bichlorid of mercury $\frac{1}{12}$ of grain, iodid of potassium 10 grains, and the syrup of the iodid of iron from 5 to 10 m. If cases improved, invariably syphilis. Without a single exception all my cases are so treated. In a few instances have found that the protoiodid or biniodid were better borne than the bichlorid of mercury. The ulcer was treated in every case with charcoal poultice and carbolic acid dressing, or with antiphlogistine as poultice and vitogen powder. Sometimes these failed, then nitrate of silver was used and some mild antiseptic dressing. In extensiv ulcerations skin grafting had to be resorted to, together with the usual specific treatment. Case No. 2 remained in the hospital five months, and by careful nursing and dieting, with specific treatment, ulcer healed entirely. The other cases were observed from eighteen months to two years, and up to this writing no return of ulcers or other symptoms.

C. McKane, Ph.D., M.D.
Savannah, Ga.

Salves and ointments are made to have more body so that the heat of the skin will not cause them to become thin if the addition of hydrous wool fat be made; they are also said to be more rapid of absorption if prepared in this way.

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More Worms.

Editor MEDICAL WORLD:—Doctors Pollard's and Scruggs' cases of worms, on page 235, June WORLD, reminds me of my prescription I gave to three little girls, the youngest four, the next one six, and the other one eight. I gave them three powders each and told the mother to give them every two hours. Each powder contained calomel, santonin and pulv. camphor, āā grain ½. The mother of the children came back to my office the next morning and told me that she gave the two oldest their medicin, but could not get the youngest one to take it; but put all three in one bed, the youngest one in the middle; and that she had counted 1,100 large worms, and they were coming from the child that refused to take medicin in as large quantities as from the other two. J. H. JOHNSON.

Nashville, Tenn.

A Specific for Pin Worms.

℞

Santonin	gr. xviij
Cacao butter	q.s.
Make suppositories	vj

Sig.—Insert one into the rectum at bedtime, the bowels having previously moved. This size dose can be used for an adult or a child 4 years old. J. W. ALEXANDER, M.D.

Newark, Ohio.

Pin Worms and "Indigo."

Editor MEDICAL WORLD:—In writing prescriptions for THE MEDICAL WORLD, or in fact for any other medical work, the utmost care and precaution should be exercised. We look for, and have a right to expect, that all prescriptions found in THE WORLD are true and tried prescriptions, and have the steady lamp of experience to light their way, instead of the rushlight of inexperience and guess to flash and flicker feebly along their uncertain and precarious ways. For lo! these many years the profession has been looking for a certain and sure remedy against that terrible destroyer of our peace and comfort, the miserable little pin worm; but thus far we have lookt in vain. With what joy, then, we reacht out after that "indigo prescription" can be imagined, not described, as we held a small piece of indigo in our hand and exultingly exclaimed as we shook it at those little devils, arraigned by millions upon "our innards." Now we have you; you just take this and go to Gehenna, every one of you. Neither can our disappointment be imagined when it was ascertained that our great and universal solvent, water, acted but feebly and very inefficiently upon that piece of indigo. We felt that we could not afford to wait ten years after we were dead for water to get its work in and dissolve that indigo preparatory to our firing it at the millions of our unwelcome boarders, the pin worms. But Dr. W. A. Spurgeon came forward with an explanation that revives our joys and renews our hopes, and makes us believe that we shall yet make those worms hump themselves and seek pastures new. Dr. Spurgeon says: "Every lady who has used common indigo in the laundry knows," etc. Ah! so that is the kind of indigo the Doctor refers to—"laundry bluing." Well, laundry bluing is composed of Prussian blue and oxalic acid; not a particle of indigo about it; but if it does the work and destroys our friends, the enemy, it is all we can ask. Now if our good Doctor will explain and tell us what formula of laundry bluing he uses, we may still find life worth living.

Cobleskill, N. Y. J. J. MILLER.

Mexican Obstetrics.—Indigo not Soluble in Water.

Editor MEDICAL WORLD:—April 18th, I was called to attend a Mexican woman, 16 years of age, married, four months pregnant, and an inevitable abortion pending. When delivery was effected there was only a placenta and a large number of various sized vesicles or capsules filled with amniotic fluid, and attacht to the placenta, involving the amniotic surface. The amount of fluid contained in each vesicle varied from a few drops to a dram or more.

February 20th I delivered another Mexican woman of a well-developt male child having spina bifida involving the lumbar vertebrae. The dura mater of the spinal cord could easily be seen at birth, as there was no skin over the upper half of the deformity. After two or three days a tumor developt containing about an ounce of fluid, but no attempt was made to draw it away. An unfavorable prognosis was given, and the child died of spinal meningitis about the tenth day.

Will say that I have delivered two mothers twelve years of age belonging to the Mexican race, and my practise among these people is not more extensiv than

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that of other physicians in this portion of Texas.

Please allow me to join Dr. J. J. Miller (June WORLD, page 235) on the insolubility of indigo in its blue state. Reduced indigo, or white indigo, is soluble in water, but we infer that Dr. Spurgeon refers to the blue indigo. All scientific research is positivly against you, brother. Ferrocyanuret of iron is very soluble in water, and very much used for laundry purposes; but I have tested neither in a pin worm case.

As I am only a "primapara" subscriber, I will not venture further on your valuable space. Am much pleased with THE WORLD and its family.

Riddleville, Tex. J. WOOLSEY, M.D.

Absence of the Menstrual Period.

Editor MEDICAL WORLD:—There are two sisters living in this vicinity, one twenty-seven years old and the other twenty-nine, who have never had any menstrual flow. Both of these sisters have always had very good health. The elder sister taught school for ten years, and like many other teachers, became nervous at times. Two years ago she married a sturdy Bohemian farmer; however, her married life has made no change in regard to the monthly period. No vaginal examination has ever been made by any physician, as they would not allow it. There is no development of the mammary glands. As the parents say, "they are as flat as a board." Perhaps some of my friends of THE MEDICAL WORLD doubt my statement, but I am not mistaken, neither am I deceived; these are facts.

Bad Investments.—THE MEDICAL WORLD certainly deserves much praise for its good advice on this subject. Physicians earn their money by hard work; and they ought to be smart enuf to keep it from the clutches of these sharks and schemers in rubber, coffee, oil, and all kinds of mining enterprises. In nearly every mail I receive some proposal for investments. Oh! what nice letters these "ducks" can write, even to deceive the very elect; but don't be tempted, and don't "monkey" with them. GEO. R. MITCHELL, M.D.

Richland Centre, Wis.

In over drugged cases of chronic constipation, depend upon strong laxativs, and reduce their strength as rapidly as possible. Always avoid the irritating cathartics.

What is Eclecticism?

Editor MEDICAL WORLD:—Enclosed you will find a pamphlet which sets forth very clearly the difference between the "schools" of practise. We were prompted to send you this because of the inquiry on page 197 of the May WORLD, and we believe it better than anything we might write. We will say this, however; the eclectics in their liberality unfortunately were too liberal, and accepted and affiliated in early days with all sorts of practicians. They were after the truth and sought information from all sources. The matter of pathological or technical knowledge was secondary, and they gave ear to every "herb doctor" who had anything new. Many of our best remedies were learned from the Indians. So you can see that after colleges of eclectic medicin were establist, the graduates were clast with the illiterate class which had done so much in perfecting our knowledge of indigenous remedies.

This, of course, hurt the standing of our graduates, and the "old school" men were slow to believe that an eclectic could be possest of any knowledge of pathology. Some have the same opinion still, but we are glad to note that the prejudice due to ignorance is gradually passing away. Eclectic colleges are now on a par with any in this country, and our graduates are upon various boards, etc., a condition of affairs which would have hardly seemed possible fifty years ago. The "old school" practician laughs at our use of small doses, but he is ignorant of the fact that a drop of normal tincture, or specific medicin, contains in many cases more of the activ principles of the drug than a dram or even more of the so-called "officinal" tincture or fluid extract which is used by him. This is a point worth considering, and any one can test it with aconite or belladonna for instance. During later days the "old school" claims to be "eclectic" in the sense that they *choose* the remedy to fit the case, and that they choose the best of course. This is not elcecticism. But feeling that you can get all this from the pamphlet, I will close.

H. BOSWORTH CROCKER.

San Francisco.

[Dr. Crocker is editor of the Calfornia Medical Journal, the leading eclectic journal on the Pacific coast. After carefully reading the little pamphlet which he inclosed, we thought we could not do

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better than to give it to our readers here, in full. It will not take up much space in small type, and those not interested need not read it. But it being a brief, careful expression from a good authority on the subject, it is better than a discussion from many who are not so well prepared to speak.—ED.]

THE ESSENTIAL DIFFERENCES BETWEEN THE THREE SCHOOLS OF MEDICIN: ALLOPATHIC, ECLECTIC AND HOMEOPATHIC.

BY JOHN M. SCUDDER, M.D.,

Professor of Practise of Medicin in the Eclectic Medical Institute, Cincinnati, and author of "The Eclectic Practise of Medicin, etc."

I do not know that I am competent to present the differences between the schools of medicin, because I belong to one school, and may be regarded as prejudiced in its favor; yet I have a working knowledge of the three, and could practise either with fair success. I will concede that each has some advantages, and that each one will appeal to a certain class of minds, as being most in accord with his experiences of nature, as well as his experience in medicin.

It is possible that the time may come when there will be but one practise of medicin, and when there will be but one designation for the followers of the healing art—that of physician. But that time will not come until men have so greatly changed that they will concede freedom of belief and freedom of action to all who may differ with them in belief and practise. So long as it inheres in man to coerce his neighbor to believe and act as he does, so long will there be sects in medicin as there are in religion.

I may state that the word allopath does not correctly describe our *regular* brother, and that they object to it; yet I do not see why they should object, for they do not employ medicins because they produce like effects, but, rather, because they produce effects opposit to those of the disease. The definition given by Thomas expresses a very objectionable law in medicin: "The curing a diseased action by inducing a different kind of action, tho not necessarily diseased."

Neither does the ordinary meaning attacht to the word eclectic give a fair idea of the school of medicin which it designates. "To choose" is taken in the sense that one is always choosing, according to his varying opinions without law or other reason than his own will. The fact is that it is used by eclectics in three senses: "We have chosen," "we are choosing," and "we shall continue to choose," those means which experience and experiment have proven and will prove curativ, guided by rules which will hereafter be named. The choice of the past has furnisht a well-establisht practise, to which we are adding now, and to which we expect to add in the future.

The name homeopathy accurately expresses the character of the school, the law the practise is based upon, the methods of study, and the methods of experimentation. It is: That as medicins given to the healthy cause certain *symptoms*, they will cure disease showing similar or like symptoms. I do not know that our homeopathic friends would go further, and claim that as medicins cause certain conditions of disease, they will cure the same conditions of disease, but I rather think not.

It is well to remark here that, whatever may be said of "treating symptoms," or "not treating symptoms," all physicians are guided in diagnosis and treatment by the symptoms which are present, however, they may use them. Symptoms are the language of dicease, which, to the physician, is as clear as articulate speech in the ordinary experiences of life.

It may be further remarkt that in many things the three schools of medicin agree. The anatomy, the physiology, the chemistry, the art of obstetrics, the art of surgery, and preventiv medicin, are the same in all, and each insists on a thoro preparation in all of these. The points of difference, then, are in materia medica, and the administration of remedies for cure.

THEORIES OF DISEASE.

Our allopathic neighbors have somewhat gotten over their old opinions—that disease is an entity to be forcefully driven out; or that it was a condition of over-activity, *phlogosis*, to be deprest by depressants or antiphlogistics; and they do not even seem unanimous that it is due to certain micro-organisms, *zymes*, *phytes*, or bacilli, which are to be killed by the use of insecticides.

The eclectic takes the ground that the sick person has an impaired life, and that to the extent of his sickness he is approaching death. The prime object of treatment, therefore, is the conservation of life. He recognizes the course of disease as depressant, every manifestation of disease as an impairment of structure or function. Removing the cause of disease is like lifting a load from the over-burdened person. Aiding the restoration of normal function is a conservation of life. Adding to the ability of the body to bear disease whilst it must last is looking toward life and death.

The homeopath is not necessarily concerned with a theory of disease; it is enuf to find the patient sick, and it is his business to find the remedy which will cure, and it is for this he studies his case. He is not obliged to train his thoughts and studies in this narrow path; but if he is to be successful, the closer he does it the better he succeeds.

THE USE OF DRUGS.

Our allopath believes in medicin, sometimes to the extent of "turn nature out of doors, and give your physic." He rarely uses remedies singly, but believes in compounds, mixtures, and formulæ. The old idea was to have in a prescription, a *basis*, an *adjuvans*, a *corrigens*, a *vehiculum*, tho in fact the *basis* would consist of from two to five separate drugs, one for each phase of disease. It was, and is yet, a shotgun practise.

The eclectic believes in a single remedy wherever possible, and a simple combination always.

The homeopath believes in the single remedy; and if others are given, they are administered separately and in alternation. He goes further and insists on stopping the medicin when its action has been sufficient for the cure.

POWER OF DRUGS.

The allopath believes in the power he can see or feel—the power of quantity. Things that do not act decidedly he calls inert. He would say there was no power in a grain of charcoal, a drop of glycerin, or the fraction of a drop of nitric acid, yet he would concede it to the hundredth of a drop of nitro-glycerin. He claims that homeopathic dilutions and triturations are inert, and that our doses are so nearly so that he cannot see how they influence the body.

The eclectic has found that the *small* dose is superior to the large one. He gives remedies for their direct curativ influence, and not for their gross or poisonous action. He objects to internal remedies as means of derivation (counter-irritation), and to the over-stimulation of any part that some organ may benefit by it.

The homeopath believes that the power of drugs is increast by subdivision—either by trituration or dilution. It is always the finer remedial action he is looking for, never the gross decided action; he recognizes that remedies have a power far beyond their gross influence, and that seemingly inert material may have a curative influence.

THE DOSE OF MEDICIN.

The allopath employs large doses, which are frequently objectionable to sight, smell and taste, and unpleasant in their effects. The sick become receptacles of drugs of various kinds and qualities, so that with some physicians a small drug store will be found in the chamber of a patient.

The eclectic uses small doses—five or ten drops of tincture (tincture of standard strength, manufactured by Lloyd or Merrell) to four ounces of water. So small is the dose that a disease like typhoid fever will be treated with a few drams of medicin. It is not only small in quantity, but it is unobjectionable to the senses, and the nausea and disgust at medicin taking are done away with.

The homeopath uses still smaller doses in which there is neither taste nor odor. Their pharmacy is of the best, and remedies are dispenst in pellets of sugar, or in solution, in water.

DISPENSING MEDICIN.

The allopath believes in the drug store, and writes prescriptions, ordering much larger quantities than is really necessary.

The eclectic holds that is much the better practise for the physician to dispense his own remedies at the time when they are needed. There is greater certainty that the remedies are good, less liability to mistake, less trouble to the family or person, besides the saving of valuable time.

The homeopath agrees in this, and always dispenses his own medicin.

METHOD OF SELECTION.

The allopath claims that there is no law of cure or of selection. He gives medicins because they have been recommended in like cases by the authorities; "because they have been found useful in this disease." He follows authority blindly, whether it is old or the present time—as goes a leader, so go they all, like a flock of sheep after the "bell-wether."

The eclectics give a remedy because it is indicated by certain well-known symptoms. They have studied the materia medica of each school with reference to this matter—all that has been written for the past two hundred years; and they have carefully noted the cases where remedies acted well, and where the symptoms were named. Then experiments have been made to determin the relationship of symptoms with the curativ action of remedies, until at last the *indications* were defined.

To a certain extent the selection is made by a study of the

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physiological action of drugs. By this we determin how the drug acts and upon what particular part it acts. Knowing the quality of the action, and the part influenced, a simple process of reasoning will give its curativ effect.

But this study is carried further than the action upon the healthy person. The study is made upon the sick, and the facts become clinical. It is the influenee upon the sick which is of the most importance, and which we wish to know.

The homeopathic law of cure—*similia similibus curantur*—is really the law of selection. They give a remedy, because it has produced *like* symptoms when being proved. Remedies are tested (proved) upon healthy persons, and all the symptoms for days carefully noted. When the symptoms in a number of persons agree they are deemed *indications*, and followed.

LAWS OF CURE.

Our regular neighbor will not admit that there is a law of cure. He is not *allopathic*—curing disease by producing another—nor *homeopathic*—curing disease by the use of remedies which produce like symptoms. Even the maxim, *opposita opposenda*, does not suit him—he gives medicins "because they have been used with advantage in similar cases"—it is pure empiricism.

The eclectics give remedies because their effect is *opposit* to or opposed to the diseased action. They may be selected according to the law of similia, or by empiricism, or by their known influence upon function and structure—physiologically or pathologically.

The fact that remedies contain a *force*, which, set free in the body, influence its functions (mode of motion), doing that which is necessary to bring it back to that normal condition which we call health. They believe in the rule of measuring disease taught by Dr. C. J. B. Williams, that it is either *excess*, *defect*, or *perversion*; that remedies lessen an excess, restore a defect, and change a perversion to the normal standard.

They believe that the laws of nature hold good in medicin as in all things; that like causes produces like effects; that medicin as a force must be regarded as a cause, and that a proper study of disease and remedies must bring nature's law into operation. If we have determined clearly the condition of the body when it acts kindly and cures, it will always have the same action, if we have the same conditions present.

The homeopath claims that he is wholly guided by law, and that the law of cure is *similia similibus curantur*, and there is no other; that whenever medicins cure, whether in large or small dose, or by whomsoever given, the cure is in accordance with this law. My opinion is that they do not state the matter correctly (tho they should know) and the fact is that it is rather a law of selection than cure.;

These are concise statements of the differences as I see them, and I think I have put them in plain form. Whilst we do not object to learning from empiricism, we do claim that the time should come when the facts being gathered together and arranged certain rules should be formulated for the giving of remedies with certainty.

We do object to the continuous use of unpleasant drugs which keep the stomach in a state of revolt, prevent the taking of food, and lessen digestion. We object to the continuous use of cathartics and the everlasting purgation of the sick. The same objection holds good to the over-excitation of the urinary organs and the skin by diuretics and diaphoretics. We object to the antiphlogistic treatment in its entirety, but more especially to blood-letting, to mercury in all its forms, to antimony, and to like drugs. We object to the free and continuous use of opium, morphin, and chloral, to narcotise the sick. We object to the use of the coal-tar antipyretics, and to the principles upon which they are prescribed. We object to the common use of quinin, in which it is given in all diseases in large doses. We object to the administration of any drug unless it is clearly *indicated*, and the prescriber can see clearly that it will be of benefit, and not do harm.

It has been said by some that we are homeopaths, or if not, that we are very near it. But these have not examined the subject—neither the modern eclecticism, which is called Specific Medication, nor the teachings of Hahnemann and his followers. A very slight study of the two will show the difference. Indeed, I think that if the reader will think of the differences here pointed out, he will see that the two are distinct.

The homeopath employs a very much smaller dose—infinitesimal, and not sensible. We employ a small dose, it is true, but sensible to taste and agreeable in action. We give a remedy because it has had a certain influence upon the sick; they because of its *similia*, we because its effects are opposed to the phenomena of disease.

The indications for remedies in the two schools are very different—sometimes the opposit of each other—and no one who will examin the subject can mistake. Take the remedy aconite. The indication as given by us is the *small, frequent pulse*; by the homeopaths, 2,400 symptoms and 800 conditions, not one of which is the same as ours. Of belladonna, the homeopaths say, "General irritability and acuteness of the senses." We give the indications as *dulness, drowsiness, congestion*. Of gelsemium they say, "More or less inability to think, unconsciousness, general stupidity." We give the indications, *flushi face, bright eyes, increast heat, increast excitement*.

But there is little use to name individual remedies, for it extends to the entire materia medica. We are only alike in claiming certainty for remedies, and that indications for them may be read by the close observer. We also agree that remedies should be small in dose, pleasant in form, kind in action, conservativ of life, direct in influence, relieving the unpleasantness of disease, shortening its duration, and saving life.

I believe I have presented the case fairly. Our regular neighbor asserts that there are no specifics in medicin; that the action of drugs is uncertain; that no man can be sure of the action of medicin; that there are idiosyncrasies which cannot be taken into account; that practise must be learned by experimentation; that clinical study is the essential.

The eclectic claims that medicin should be specific; that its action is certain, and that the seeming uncertainty is due to a want of knowledge on the part of the physician, and that the idiosyncrasy should be charged to the account of the doctor.

For a catalog of eclectic medical literature, send to John M. Scudder's Sons, Cincinnati, Ohio.

[It will be noticed that the above bears some of the "ear-marks" of having been written some years ago. Much progress has been made in the direction of "getting together" since it was written. It would have done Dr. Scudder's heart good if he could have lived to hear or read the address delivered recently by Dr. Chas. A. L. Read, of Cincinnati (who was president of the American Medical Association last year), before a medical club recently formed in Dayton, O., composed of physicians of the three leading "schools." Better education in all the "schools," medical legislation in the various states which puts "regulars," homeopaths and elcectics together on the examining boards, and other liberalizing influences, are bringing the better educated of all the "schools" nearer together. Since Dr. Scudder's death the alkaloidal system of therapeutics has arisen to considerable prominence, by which "old school" remedies are given not only with precision and in small oft-repeated doses, but the disagreeable taste is also avoided. With the above observations in mind, we can enjoy the clearness of Dr. Scudder's pamphlet, and also the admirable spirit in which he wrote.—ED.]

In the application of acetic acid to tubercular ulcers of the nose and throat, one should not use over a 20 per cent. solution in the beginning, and then gradually increase to the full strength.

10 to 20 drops of nitrite of amyl inhaled from a handkerchief held a little distance from the nose is a frequent and speedy reliever of asthmatic attacks.

Any doctors who are not subscribers who happen to see this number, are invited to send 25 cts. for a trial subscription for the remainder of 1902. Will not each subscriber help to spread the good work by showing this number to non-subscribers, and securing at least one trial subscriber?

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Early Eclecticism.

Editor MEDICAL WORLD:—Dr. Alter asks, "Who founded Eclecticism?" Dr. Thompson, the "steam doctor," was undoubtedly the originator of the system, which began in Thompson's theory that "heat is life and cold is death;" and his practise of steam sweats, lobelia emetics, and the stimulation by the use of capsicum, "composition powder" and "No. 6," to be repeated till the disease was "broke," and then followed by vegetable tonics. Thompson was a man of great energy and strong convictions, and pusht his treatments with a vigor and energy that, according to his enemies, sometimes brought his patients to death's door. His terrible emetics were called "screw augers," "ram-cats," and various other epithets. In fact, he received the usual persecution awarded the reformer. Thompson's materia medica was purely vegetable. He maintained that mineral and inorganic substances were poisons; and only vegetable remedies were designed by Nature for the use of man as medicins. His system spread rapidly in the middle (then western) states of Ohio, Kentucky, Indiana, etc., where his book, system of medicin and history of his life, was found in nearly every house, and was followed as a guide in domestic practise by the pioneers of the Ohio Valley. The treatment served a great many families in the backwoods in their colds, malaria, chills and fever, etc., especially as doctors were scarce and far between.

His book, about the size of a New Testament, was the medical guide in my father's family in Central Indiana in the '40's and '50's.

The two systems of practise in vogue were the "*bleed and blister*" and the "*puke and sweat*" systems; and I have a vivid recollection of two cases of ague in our family treated by the two systems of therapeutics. My father "took the ague" in 1848 and treated himself awhile, but failed to effect a complete cure, consequently put himself under the treatment of Dr. A——, who lived on a farm a few miles distant, treatment consisting of venesection once a week and liberal doses of calomel and quinin. After a few months of this he became too weak to visit the doctor alone and I drove the team to the weekly clinic for regular treatment. This continued all summer till late in the fall, and ended in "congestiv chills," of which he had the fatal third, when all the horses in the vicinity were ridden down hunting doctors, of whom four were gotten to thehouse, regular, botanic, Thompsonian, and "dip-up-the-creek" doctors, who staid all night to see the "Campbellite" preacher die, but he didn't die. He slowly rallied, and after two years could work on the farm again.

In '50 the writer "took chills" and had three. His vivid recollection of father's case caused him to refuse to see the doctor. Mother intervened and said, get Thompson's book and see what he says to do for chills. As a result of my reading I sallied out with hatchet and basket and dug roots and peeled bark—a little of everything to be found that was *bitter*. Filling a small kettle with herb, root, bark and water, it was boiled down to a pint of good, thick, fluid extract, then sweetened with maple sugar. Next morning I began drinking the stuff, finishing by noon, and a sicker boy never survived to tell the tale. I never had a chill since that awful dose of Nature's harmless medicin.

By this time Dr. Beach had improved and widened out Thompson's narrow creed, enlarged his materia medica, and by the extensiv sale of his book became the apostle and founder of the botanic system of medicin. My two older brothers studied medicin under this system by reading Thompson, Beach, Buchanan, etc., with a village practician, and at the same time assisted in the practise for a few months, and then struck out for themselves as full-fledged doctors. The second brother being single lived at home and practised in the vicinity some years. I have a vivid recollection of his work in the cholera epidemic of '49 or '50, when he treated 18 cases, with three deaths—one a drunkard, one infant and one parturient woman. Of the treatment I remember only the camphor and Thompson's "No. 6" internally, and the astringent baths of hot decoction of white oak bark. I was the Doctor's assistant in procuring the bark and boiling huge kettles full of it, which the Doctor sometimes carried with his own hands to the patient's home and applied in the shape of a bath. In those days the practise of medicin meant hard work and poor pay, and the doctor usually did the nursing as well.

Finally the growth of the botanic system resulted in the establishment of the

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Cincinnati Eclectic Medical College, and the Eclectic Medical Journal, and Doctor J. M. Scudder as the exponent of eclecticism. Under his able and liberal teaching, eclecticism has grown to its present proportions, a respectable, able, and successful school of medical practise.

If our eclectic brethren "kick" at this history of the establishment and growth of their school, I have only to say, it is my recollection and knowledge of the subject, and it is not claimed to be a full and accurate history.

The educated and well equipt eclectic of to-day cannot realize the hardships, the poor education, equipment and pay of the pioneer botanic as I saw in my boyhood days; neither the conditions under which the pioneer of the Northwest practised his calling. As a sample of backwoods surgery, the writer has amputated a limb with only a pocket case of instruments and carpenter's saw; has successfully performed a craniotomy with a pocket knife and his fingers; has been obliged to substitute any old herb, root, or domestic remedy to be procured when the "indicated remedy" was all used and no more to be had in less than a half day's ride. Well, we got thru any way and I think "cured" as many of our patients then as now, altho not so scientifically and elegantly.

A. W. BICKFORD, M.D.

Anaheim, Cal.

An interesting letter from Dr. M. B. Rafter, of Troy, Mo., calls attention to the importance of physicians taking an activ interest in public economic questions and measures affecting the interests of the masses of the people; for it is the masses whom we serve, and from them we must get our living. When the masses prosper, they can pay their bills, and doctors prosper. They get sick, just the same, during hard times, and we have the work to do, just the same, but they are not able to pay us. The doctor closes by thanking THE WORLD for the "Monthly Talks."

The Potency Question, with Test.

Editor MEDICAL WORLD:—Nothing has been the object of more ridicule and contempt than the homeopathic idea of drug potentiation. Upon its face it bears the mark of not only improbability, but of absolute *impossibility*. That any substance, diluted, attenuated, or "potentiated," by distilled water, alcohol or sugar of milk, on and on until neither microscope, spectroscope, chemistry, nor any other physical means known to science can demonstrate the presence of said substance in any degree, and yet the characteristics of said substance shall not only be there, but often in a greatly intensified degree, is something that does not appeal to the reason of the average mortal. Yet thousands of capable and conscientious homeopathic physicians know from thousands of experiences that the homeopathic idea of drug potentiation is one of the most demonstrable of facts. I have fully acknowledged the utter foolishness of the thing upon its face, and the burden of proof lies with us. So I come to the readers of THE MEDICAL WORLD with the following proposition: I will send to any physician of any school a 2 dram vial of No. 30 pellets, medicated with the thirtieth potency of a given drug.. Said physician must pledge his word that he will follow directions perfectly, and that he will report results at the end of thirty days to the Editor of this journal. When the reports are in I will divulge the name of the drug thus proved. Of course I do not need to guarantee that no lasting harm can come to the prover. The prover should be in fair health, and his habits should be at least moderately temperate. If any physician does not care to make a personal proving, he might choose a suitable proxy among his or her friends.

And thus I throw down the glove, and let this fundamental tenet of the homeopathic school stand or fall by the result. I only demand and expect fair treatment on the part of the provers, and may the right prevail. If God has planted within every atom of this universe tremendous forces that are developt or liberated by what we have termed drug potentiation, surely every lover of truth and humanity should be willing to know it.

"Come one! Come all!
This rock shall fly
From its firm base as soon as I!"

Napa, Cal. S. E. CHAPMAN, M.D.

Opposition to Vaccination.

Editor MEDICAL WORLD:—The editorial strictures upon an article entitled, "A Personal 'Siege' of Smallpox," in your May number (page 207), necessitates some statements of facts to place in proper light before the readers of THE WORLD, the author of that article, his experience in managing previous cases of smallpox, his attitude toward vaccination, etc. In consequence, I respectfully submit the following:

The deleterious effects of vaccinia, in engendering as sequelae, morbific processes, when not complicated with other ailments engrafted

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therewith; the very numerous diseases, other than vaccinia, implanted by vaccination; the severity of these implanted and often incurable diseases, and the numerous deaths I have seen to result, directly or indirectly, from vaccination, make me know that the practise is a dangerous one, and one which might well be proscribed by the medical profession. At any rate, there is nothing in smallpox, dire as the disease is, to justify so horrible, so filthy, so loathsome, so dangerous a practise as I know vaccination to be.

During the forty years of which I have been engaged in the practise of medicin, I have acted as a physician in five outbreaks of smallpox, one of which—that one in Lambertville, in the winter of 1864 (thru a mistake, this date, in my former article, was given 1865 instead of 1864)—swelled to alarming proportions. Of three of these outbreaks, which happened at intervals of from five to ten years, each involved only the family in which it occurred, and was never mentioned outside of the building in which the sick lay; and the last one would not have been mentioned outside of the stricken home, had not the law then required that every case of smallpox be reported within twelve hours after the appearance of the ailment, and had not a death occurred to make the matter public, so manageable is this ailment when all concerned are determined to suppress the spread of it. In the four outbreaks managed entirely by myself (numbering twenty-two cases in all), the only death was the one reported in my former article. Of the twenty-one patients surviving the ailment, in not one was there a failure to make good recovery; in not one case was there a trace of a sequela. In the epidemic in Lambertville, in which I acted a full part in more ways than one, out of ninety-one cases attended by my brother, G. H. Larison, M.D., and myself, only three deaths occurred. Nor was any one of those who survived afflicted with sequelae not amenable to treatment.

In view of these experiences, I feel safe in saying that the mortality in smallpox is not great; indeed, there is no other dreaded disease in which, with fair treatment of patients, the death rate is so low. The horror of this disease (and no man can have too great a horror of it, no man can be too fearful of it, no man can be too careful in guarding against the contraction of it) arises from the filthiness, the loathsomeness, the extreme contagiousness, and the disfiguring effects of it in some cases. In every one of these points, smallpox has hardly an equal, especially in neglected cases, and in cases not properly treated.

But, horrid as is smallpox, I do not feel justified in practising, in the hope of preventing it, vaccination, the death rate of which is often alarming, and the sequelae of which are often, if not fatal, incurable diseases, involving the victim in distress, deformity, weaknesses, disfigurements, etc., of which I, as a physician, am not willing to be a propagator. While during an experience of forty years in the practise of medicine, I have seen 113 cases of smallpox, of which only four proved fatal. Did space in your valuable magazine permit, I could cite more than thirty cases in which I have seen death result from vaccination—the last of which occurred last autumn in the case of a boy eight years old, of good physique, born of strong, healthy parents of the higher grade of society. This lad, a New Yorker, under the care of a New York physician, lingered a number of months; suffered enormous enlargements of many of the glands in different parts of the body; underwent in one of the hospitals in the city of New York surgical operations in which were removed large masses of diseased tissue from the side of the face, from the neck and elsewhere; was then treated by eminent physicians of that city; was sent to the country in the hope that rural environs, good water and fresh air might prove restorativ. But all was in vain; neither the skill of the surgeon, nor that of the physician, nor yet those more potent powers to restore diseased tissues—cheerful rural environs, salubrious air, the best of water and the choicest of food—proved efficient in eradicating that disease which resulted from vaccination. When first I saw him, July 21, he was carried about on a cot or in a chair; by the middle of August he was able to walk alone, and gave some hope that he might continue to improve. On the 9th of September he returned to the city, and upon the 17th of the same month he died—of a disease caused by vaccination. And who is responsible for his death? Had I vaccinated that boy, I should know that I had been the operator who establisht that train of ills which ended in his death. Nor could I feel that ignorance of what I was doing in the work of vaccination or of what might follow the act of vaccination, could one mite lessen the enormity of the crime I had committed; nor would the plea that I trusted that no ill disease would be ingrafted with the virus I used, nor any malcondition of physiologic processes be establisht by the zymotic influence of the vaccine virus I inserted, one mite quiet the anguish of heart I should suffer in knowing that, willingly, I had been the prime mover in that series of sequences which ended in his death. My reflections would contain the facts that I knew that vaccination is blood poisoning, and that, therefore, it is a dangerous, an unwarrantable, practise; that the results of blood poisoning no physician can foresee; the course it will run, no one can foretell; the devastation of the tissues of the system in which it is establisht, no one can know until the zymotic entity has run its course—if, indeed, it is not checkt in its course, as often happens, by the death of its victim; that along with the vaccine virus we use we often inoculate (and no one knows when he may do it) the virus of other diseases, some of which are more destructiv to health, are more productiv of suffering, deformity and death, than smallpox, which, by vaccination, we hope to prevent.

Nor am I alone in my experience in vaccinating and in attending patients sick of ailments engendered by the practise of vaccination. The history of vaccination, so far as that history has been fairly recorded, teems with glaring, alarming cases corroborativ and illustrativ of this statement. Indeed, so numerous are the cases in which vaccination is the initial of that train

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of sequences which end in death of the vaccinated, or in severe sickness, or in lingering, incurable diseases, that I feel no hesitancy in stating that vaccination, during the years during which it has been in vogue, has been the cause of more suffering and of more deaths than smallpox has during the same period, and, I am willing to state, many times more.

In my mind, so well establisht is this fact that for several years, fifteen at the least, I have vaccinated only one person, in which case circumstances compelled vaccination of the child, whose mother desired me to be the vaccinator. In case any of my clientele wish me to vaccinate them or their children, I tell them firmly, but in mild terms, deliberately enunciated, that I do not vaccinate; that vaccination is a process of poisoning the blood; that that disease which physicians call vaccinia is blood poisoning which, in some cases, ends in death, in others is followed by disease more destructiv of life than smallpox itself, in others is followed by incurable diseases, which, while not dangerous, are sources of perpetual annoyance to the victims who incur them. That, in the act of vaccination, along with the vaccine virus, are often implanted the germs of other diseases, quite as productiv of misery, tho not of the same kind, as smallpox, many of which are not only incurable but also transmissible from parents to offspring, to the end of the race; that it is my business to promote the health of my clients; to cure disease—not to cause disease. In consequence, in case any of my clients wish to be vaccinated, they employ other physicians to vaccinate them.

At the outbreak of smallpox in our midst, last winter, many askt their family physicians what they might better do to guard against smallpox. What other physicians of our village advised, I know not. Not one of those who askt me what to do was advised to be vaccinated; nor was any of them advised to not be vaccinated, but all were emphatically advised to keep clean, to freely use the best of disinfectants, to keep away from those suffering smallpox and the place or places in which that ailment might be activ or the seeds of it lurking. To each were plainly made the statements that vaccination does not make immunity of smallpox; at the most, it only modifies the ailment in its course; that disinfectants, properly used, and germicides so used as to environ the person who is in danger, are the most trustworthy; that the individual who is susceptible of smallpox takes it, if exposed to the contagion, whether vaccinated or not, if not protected by germicides, disinfectants, etc., and oftentimes even then, as I had seen proven in several cases which, from time to time, had occurred in my practise; that, as any of them might learn by observing the suffering which awaited many of those who had either just been, or else would soon be vaccinated, vaccination causes a condition of the system and initiates a train of ills more to be dreaded than any smallpox ever brings—even when smallpox results in death. Nor did those inquiring long wait to see cases which very fully illustrated what to them I had stated. Of those vaccinated before I sickened of smallpox, there were those who were still confined to the house when I resumed labor. Some of these remained sick a number of weeks, and some are not yet well. Some of these, and many who, exercising better judgment, were not vaccinated, openly and emphatically state that, in the event of another outbreak of smallpox, they will risk the incurrence of smallpox rather than the ills of vaccination.

Already I am, and I am informed that other physicians are, quite busy treating cases of disease which are the results of vaccination suffered since the 1st of February. Asthenic condition of the lymphatic glands, scrofula, eczema and other illnesses as sequelae to the disease we call vaccinia and some of the ailments the germs of which are inseparable from vaccine virus, are now enriching the fields of our labor, and increasing the number of our clients, to the extent that I, at any rate, am busier than I have been during the vernal months for many years.

Ailments the germs of which are inseparable from vaccine virus, I have said; for no process has yet been devised by which vaccine serum, or the matter used in the practise of vaccination, from whatever source derived, can be freed from such disease germs as may be lurking in the animal from which the serum or matter used is taken. While vaccination from arm to arm was practised, many, in view of the very glaring evidences of the transfer of the disease of the person developing the matter used, to the person upon whom the virus was used, sought relief from this palpable, wholesale spreading of incurable ailments which ever thereafter afflicted their clients and workt discredit to themselves, by deriving from bovine sources the matter to be used. Some old graybeards who read these lines, may recall that from 1864 till such sources furnisht most of the virus used, the writer of this article was a most ardent worker among those who pusht the reform with purse as well as with hand and speech. And, in this movement, vaccination was freed of many of the very appalling results which attended its earlier practise. But, have not the bovine species very many, if not most, of the diseases which men suffer? And are they not just as easily transferred from bovine animals to man as they are from man to man? What better is a disease engendered by matter derived from a heifer than the same disease engendered by matter derived from a child? Then, in deriving the matter now used in vaccination from a heifer, what, in improving the practise of vaccination, have we done, save that, possibly, we have lessened the number of diseases we would inoculate in case we yet used the matter derived from a child?

But, did we, in the act of vaccination, inoculate only vaccine virus, the filthiness of the practise would make it abominable to all who clearly see what vaccination really is. How anyone possest of proper notions of cleanliness can be willing to have his own blood or the blood of his children poisoned with putrid matter taken from a suppurating sore upon the body of a heifer, a child—in short, derived from any source—I cannot see. C. W. LARISON.

Ringos, N. J.

[This subject is now out of season, but by next

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fall the above reply occasioned by our remarks in May WORLD, would also be "out of season." So we compromise by inserting now, but in slightly smaller type than usual. There are many antivaccination "cranks," without learning or experience. However, Dr. Larison seems to be a man of learning, experience and conscience. Therefore we consider that he deserves a hearing, even tho we radically differ from him. Those who will re-read his article in May WORLD will notice that, in spite of thoro ventilation and the internal administration of antiseptics to the well, the spread of the disease in the household was not checkt. Prompt vaccination would have either prevented the disease from extending beyond the first case, or greatly modified any subsequent cases. It has done this so frequently and so uniformly as to leave no reasonable doubt, in our mind. Admitting all the ills of vaccination that Dr. Larison claims, yet, in our opinion, vaccination has prevented ills many, many times greater. History of the pre-Jenner period plainly proves this. Some may hesitate, in ordinary times, to vaccinate, but *in the presence of* an enemy so dreadful as this (as in the situation described by Dr. Larison in May WORLD), we do not think the omission of vaccination is justifiable.—ED.]

Dont's in Twentieth Century Surgery.

22. Don't criticize any man's work. A silent tongue is better than a glass house.

23. Don't do surgery under contract. Let no man hamper your head or your hands.

24. Don't forget that a poverty-stricken wretch is entitled to the same surgical consideration you would give a potentate.

25. Don't lose your head. You want it in the right place when a scalpel is in your hand.

26. Don't waver over unfortunate results. If you would save all, there would be too much demand for your services.

27. Don't borrow too much of the other fellow's thunder. When you can, pay all you have borrowed. You might make some yourself if you would persevere.

28. Don't wash a granulating sore. You tear down what nature is trying to build up.

29. Don't fail to do your own operation, if you can't do the other fellow's.

30. Don't tell a patient you saved his life. Let him do that.

31. Don't use too much alcohol in your surgical practise. It is a treacherous article in both health and disease.

32. Don't permit a nurse to be the attending physician. She has her place and should know it.—Dr. Lucien Lafton, in *Amer. Surg. and Gyn.*

Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—I have two cases which I will describe to you, hoping that you or some of the WORLD readers may give me some assistance. The first, Mrs. W. H., age 24, always healthy and of good family, menstrual function always perfect, married five years. Has borne two children, and had an abortion at third month intervening. Labors normal and recovery uneventful with the exception which I shall speak of. Immediately following each confinement, and also following the abortion, a papular eruption came out, covering the pudendum, the pubes and extending down the inside of the thighs. This itches and burns intensely, so that she is unable to sleep, and is forced to cry out on account of it. I have been able to control it and dry it up in six to ten days with a lotion of carbolic acid, bis. sub. nit. and aqua calcis. Resinol and all ointments fail entirely to do any good. But what I want is an explanation of what it is, and why it appears at this particular time. At all other times her skin is as smooth as a babe's. Her urin is normal, bowels move properly, and lochia is o. k. I neglected to say that she is a great sufferer with vomiting during pregnancy which persists thruout pregnancy. I am deeply interested in this lady, as she is a near relativ, and she dreads pregnancy more on account of this itching than the pains of childbirth.

Case No. 2.—Mrs. C., age 54, family history good, mother of seven children, weight about

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170. I have known her about five years, always quite strong during that time up to eight weeks ago. At that time she came to my office complaining of a sensation of heat on top of head, and a feeling of general weakness. Two days later I was called to see her. I found her in bed. She told me that the burning had stopt, but she thought it best to go to bed, as her head felt so weak when she sat up. Well, she has been in bed now eight weeks. She eats three good meals each day, and sleeps all night. Bowels move once each day. Urin normal except a little scanty during first week, but a prescription of sourwood comp. (Merrill) corrected that. Physical examination reveals nothing. Subjectiv symptoms as follows: A sensation of crawling over chest and neck; a feeling of soreness and weakness between the shoulder blades; shoulders feel heavy and inclined to droop; alternate flashes of heat or cold to head; head feels weak, so that she thinks it would require an effort greater than she is capable of exerting to hold it up. There is no headache and no fever. Pulsations normal except very small. She is cheerful and anxious to get up, but will not try it till she is rested and able to stay up. She tells me that she has been confined to her bed a great deal during the past thirty years, at one time for four years, but has been quite well during past twelve years. I have given her strychnin, phosphorus, kola comp., soda bromid and daily cold baths of water containing sea salt to shoulders, neck and chest. She has improved considerably in that she does not have so much of the formications, cold flashes and tremblings, but she is not much stronger. Of course she could get up and walk, but she would be exhausted if she walkt across the floor, and would have a return of all the neurotic symptoms. She feels satisfied with what I am doing, and thinks she will get up in time, but I am anxious to have her up. I have pronounced her case neurasthenia. What do you call it, and what can I do that I have not done? I would like to have the Editor's views in regard to this case, and would be glad to hear from as many of the brethren as will reply.

Wilcox, Neb. J. A. BURFORD, M.D.

[Case 1.—The trouble is due to some acrid condition of the lochia. It is eczematous in nature, and few ointments do good in many such cases. It would be best treated by mild antiseptic vaginal injections following confinement, one of the best of which is creolin in strengths of one to four drams to the quart of warm water. If the anus be protected by a pledget of cotton, most women can stand a strength of four drams; but if the outflow be allowed to run down over the anus, few can stand more than a dram. It is not poisonous in any quantity, and is a positiv antiseptic. Before and after using the injection, the external genitals should be gently sponged with the same solution, dried carefully, and well dusted with a drying powder. See that the vulva is not kept closely covered with anything which retains perspiration, and that the napkins are frequently changed. Under such treatment we believe the trouble will not appear at any accouchement. We do not think the vomiting of pregnancy has any relation to this. The medicin you used was proper, and your treatment could only have been improved upon in manner suggested. Carbolic acid is a good vaginal antiseptic, but is not safe after labor on account of the danger of absorption.

You have treated your second case just as we would have done; but we would change tactics now. You might try numerous small fly blisters over entire extent of spine and sciatic nerves, so placed that no ease could be gotten in bed; and accompany the application with the assurance that you hardly believed one application would be sufficient, and that the next would be much more severe. You might accidently (?) spill a pitcher of ice water over her. A cry of "fire" frequently is curativ. In the way of medication we would suggest in connection with your present regime, dram doses of fluid extract of valerian every four hours; but be sure to keep the strychnin close to the high danger line while giving it; probably she will stand 1-20 grain. Your diagnosis is undoubtedly correct, and you can verify it by suggesting some impossible symptoms, and getting her to complain of them. We know one case cured by the promise of applications of red-hot irons to the soles of feet in three days if no improvement was manifest by that time; and another who "had lost all sensation," and allowed needles to be driven deep in the thigh, was "brought around" by connecting one of the needles with a battery. You need more tact than skill in this case.—ED.]

Editor MEDICAL WORLD:—I have a case in which I wish your advice and that of WORLD family: A married lady, 43 years old, of rheumatic parents, three children, health has generally been good, poor financially, sedentary habits, muscles soft, been sick two months, took with aching of bones, cramping of muscles, headache, brown furred tongue, complains of sick stomach, never vomits, slight cough, during entire sickness pain in right shoulder, tenderness in hepatic region, has complained of tightness in breast, often remarks, "If I could get relief of tightness, I would be all right." Urin is highly colored, and scanty at times, heart irregular, pulse normal, temperature either

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subnormal or normal. Patient is able to be up most of the time, but complains of being weak. Improves for a few days, then relapses with about same symptoms.

Gave calomel and soda until tongue cleaned and bowels acted freely, then followed by laxativs and alkalin purgativs. Kept kidneys acting freely by alkalin diuretics. Salicylates were given for aches and cramps, which gave relief for time. Mustard, turpentine and porous plasters were applied to chest with temporary relief. Squills, ipecac, pot. iodid and mur. ammonia were given for cough and tightness, with no relief.

My diagnosis has been lithemia from inactiv liver.

Another M.D. saw case and called it "liver trouble." Have I missed my diagnosis and treatment, or what is the trouble? I am now in doubt. H. C. LUNDY, M.D.

Schofield, Mo.

[You have undoubtedly given due therapeutical attention, and you doubtless have "liver trouble;" but that is hardly a diagnosis. To get either satisfaction or results, it must be necessary to ascertain *what kind of "liver trouble" is present.* Careful percussion and palpation will show if it is enlarged, and also if there is tenderness enuf in the region of the bladder to suggest gall stones. You probably have a neurotic case. Have you examined the urin for uric acid? You hardly give us enuf data to endorse or exclude your diagnosis, but you have treated the symptoms well. Until you can get the urin examined, we would suggest the addition of heavy doses of strontium bromid and full doses of Basham's mixture, and we would urge the importance of this patient drinking at least two quarts of pure water every twenty-four hours. A good way to drink it is: A pint upon arising in the morning, and a pint before retiring at night; the rest between meals, in glassfulls, during the day. This should be continued for months, and perhaps for years; and this alone will benefit your patient much if continued persistently.—ED.]

Editor MEDICAL WORLD:—Kindly furnish the formulas of the following proprietary secret nostrums, viz.: "Zymatoid," made and sold by W. B. Arnold, M.D., of Rockford, Ill., who says it is composed of sulfur, nitre, cinnamon, boric acid, etc., in a gaseous solution. I think the formula a "blind," as he gives it. Please give its correct formula and if unable to do so, ask your WORLD readers to give it. Also, "McNeill Pain Exterminator," made and sold by the McNeill Medicin Company, of Harrisburg, Pa. PENNSYLVANIA.

[We do not know, and cannot find any formula for either of the nostrums you name. The claims made for "zymatoid" are preposterous. Of the latter nostrum we have never before heard. Perhaps some of the family can give some information. Messrs. Frederick Stearns & Co., Detroit, Michigan, make a special study of the analysis of proprietaries, and would probably have the information desired and gladly supply it if you write them.—ED.]

Editor MEDICAL WORLD:—Quite often in conversing with brother practicians, I hear this expression: "Has the patient any temperature?" Now it seems to me the patient must *necessarily* have a "temperature." That temperature may be normal or abnormal, but a *temperature* he is bound to have. This same usage of the word is becoming quite common in the journals. It didn't use to be so. Even Anders, in his practise, uses the expression more than once, tho I do not recall any other instance in medical works I have had access to. Is this new use of the word, synonymous with "fever," to be considered proper?

Rivera, Cal. WM. D. GROTON, M.D.

[Custom gives new uses and new meanings to words. Your view is correct, or was formerly correct, but usage is making the expression as above given, correct.—ED.]

Editor MEDICAL WORLD: I would thank you for the formula of a liniment for general use, which is effectiv, nonpoisonous and nonblistering. WM. G. KLEINSTUBER, M.D.

Wilmington, Del.

[Color turpentine with alkanet root, and add to each pint a dram of fluid extract capsicum, an ounce of chloroform, and an ounce of laudanum. If an oily preparation be desired, add an ounce of olive or of flaxseed oil. It will do all any liniment will, and is cheap, and the laity will declare it "powerful smart." It will not blister unless covered closely with an impervious covering.—ED.]

Can you publish the formula for "Miles' Nervine" in some future number? It is quite extensivly used in our little village, and the patients show many symptoms like overdoses of cocain. I believe it a dangerous mixture.

C. P. GERRISH, M.D.

Salmon Falls, N. H.

Smallpox Scars.

A member of our family would like to hear direct or thru these columns of any method for the removal or modification of the pitting of smallpox.

Box 21, Peoria, Illinois.

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Dear Editor:—I have a patient 20 years old, who complains of dripping after urination, probably due to youthful excesses. Tried massage of prostate; introduced and held in place a sound with the left hand and inserted into the rectum the right index finger, and massaged the gland from backward forward and from right to left and vice versa, with excellent results. But now in spite of all precautions he has it worse than ever, claiming it soils his linen, etc. Do you know of any good course of treatment? I will heartily thank you for any advice.

Brookfield, Mo. J. S. EVANS, M.D.

[We fear you have been a little too "strenuous." A case aged 20 years would not be likely to have an enlarged prostate, and the results of youthful excesses seldom appear so early. Get him to understand that the universe does not revolve about his penis. Keep his bowels free with cascara or salines. Forbid masturbation or even sexual connection. Examin the urin for gonorrheic shreds by the double glass and microscopic tests. Forbid irritating foods. Put him on good heavy doses of strontium bromid and Basham's mixture. If prepuce is long, circumcise him thoroly. If Basham's mixture fails, try elixir of saw palmetto and santal compound. If there be true diurnal or nocturnal incontinence (which we doubt), atropin in full doses, or strychnin will prove useful. Reports of successes from the protracted use of galvanism are at hand. If the case becomes too severe, a rubber urinal may be employed and worn thruout the day and night, tho objectionable on account of heat and perspiration. Keep the prepuce clean, and use either some simple ointment like carbolized vaselin or oxid of zinc ointment; or a dry dressing like oxid of zinc or equal parts of boric acid and acetanilid. The dry dressing is much better if he can be induced to keep the parts dry and clean, and change the dressings frequently. We believe we would circumcise, anyway. Let us hear from you at any other time.—ED.]

Editor MEDICAL WORLD:—I contracted syphilis in April, 1900. I took protoiodid in ¼ gr. doses to full effect for one year, then took potassii iodidi, beginning with 10 gr. and increast to 80 gr. three times daily, then dropt to 30 gr. and continued for about six or eight months. I still have mucus patches on tongue and mouth at times, which seem to be aggravated by either mercury or iodid. I have no other symptoms of syphilis. I took a course of baths at Mt. Clemmens last July. I wish some of the members of THE WORLD family would tell me how to get rid of those patches. I have used all kinds of washes and caustics. I have been a reader of THE WORLD since January, 1901, and am more than pleased with it. I dropt out of it once, but don't think I shall again. J. F. D.

Michigan.

[We believe that the Doctor needs more mercury and a different mouth wash. Will somebody in the family write him and give advice—brotherly or fatherly? The Editor leaves it to you. From the brother's letter, we should judge he needs mild oral applications, and mercury in quantity sufficient by inunction, injection, or by the mouth. What says the family? How about the vegetable alterativs in this case? It has been hinted that one of the advertised quack treatments, "without mercury or iodid of potash," is by means of pilocarpin. Who knows anything about this?—ED.]

Editor MEDICAL WORLD:—If a man who has just taken a severe and radical course of treatment for syphilis at Hot Springs returns home and his wife becomes pregnant, what will be the effect upon his offspring? In the case in mind, the disease was contracted in January, 1901, and has been on constitutional treatment since May 13, 1901—the date the erythema made its first appearance. He spent the month of April, 1902, at Hot Springs taking treatment.

What is the effect of alcohol and tobacco on a specific patient? E. L. H.

Missouri.

[The "severe and radical course at Hot Springs" means nothing more than temporary suppression of symptoms, and the prospectiv mother and unborn child are entitled to the benefits of thoro mercurial treatment; otherwise, we would expect to see syphilitic blebs on feet and hands of the child, when born. At least a three years' course of treatment should be taken by every one who has contracted syphilis; first mercurials, and then the mixt treatment, and rounding up with the iodids. Put the woman on full doses of protoiodid of mercury at once, and you may save the child. No physician is excusable who dismisses a syphilitic patient after a mere year's treatment; and the neglect is aggravated if the wife becomes pregnant. In all specific cases we deem the use of alcohol and tobacco inadvisable; yet we think the injurious effects ascribed to them greatly overrated. Do not promise anything; push the mercury and iodids to the limit, and you will probably do well. If not, write us at a later date.—ED.]

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Editor MEDICAL WORLD:—I am frequently applied to for help in the line of sexual debility, impotence, etc., by men healthy in every other way. I have given many prescriptions without doing much good. Please help me in this dilemma. L. A. POLLARD, M.D.
Virginia.

[Sexual debility and indigestion are vastly different matters, tho either may be the cause of the existence of the other. For sexual debility you need tonics and aphrodisiacs combined; of the former you will know, and of the latter the best known are fluid extract of damiana and fluid extract muira puama united in full dosage. It is not good policy to stimulate the sexual appetite in either sex when on the waning side of the ordinary virile period, or when either irritability or sexual exhaustion is present. Use tact and judgment as much as therapeutics, and sensible and kindly advice goes a long way, sometimes. Freshly prepared nitromuriatic acid portion in four-drop doses in a glass of water at meal time; eight grain dosses of pepsin (U.S.P. 1–3,000) combined with one grain quinin and 1-40 grain strychnin, and pancreatin in the ordinary dose, make up the sum of our best modern digestants. We appreciate your brevity; can't you get us up an article in the same style? We believe you are a veteran, and could tell the boys something.—ED.]

Editor MEDICAL WORLD:—Mrs. S., age 64, mother of large family, has had good health until about one year ago. Complained with pain in left hip and thigh, and arms from shoulder to elbows. Pain was of a sticking, and at times a burning character, and has been continuous. Later the pain became more general, especially a burning pain in soles of feet. More or less pain in extremities and one or both sides and back. Has been in bed all winter, only going to the table for her meals, excepting on two or three occasions when there was a disturbance of the stomach with vomiting and slight fever, lasting a few days at a time. From November until February, appetite was very poor; since then she has been eating well, and recently has walkt about in the yard and taken a few drives.

She complains as much of pain as she did at any time within the year. Pulse rate varies from 100 to 120. Radial artery very stiff. Lungs seem to be unaffected. (Five children and husband have died with tuberculosis.) Slight albuminuria last fall; urin normal now. Constipation; no headache at any time; no cough.

About a month ago she had a bad attack of universal eczema, not much itching, but a great deal of desquamation. Large scales and strips of epidermis would accumulate in sleeve during night. Used zinc oxid in water. In two weeks all this trouble ceast.

Have pusht strychnin to physiological effects. Have had her on a continuous tonic treatment. In the last month, her general condition has improved. Have used iodid potass., and the salicylates. Have used belladonna plaster over the worst seats of pain, and Faradic battery for the last two months. Gelsemium to physiological effects. Have withheld morphin except in a chlorodyne tablet, which I have given at various times to secure rest at night. For the last week have been giving ½ gr. tab. fl. ex. cannabis Indica every four hours. Nothing has done any good whatever. Wish the Editor and brethren would tell me what they know about this case, and how to manage it. J. O. STARR, M.D.
Pitsburg, O.

[We do not see that more could have been done, except to push mild diuretics. We believe you have a lithemic case, which at that age will hardly get well entirely, but should improve. Insist on her drinking large quantities of water; keep bowels free with salines; give Basham's mixture; use easily digestible and nutritious food. Hope some of the family will chip in and give you some aid.—ED.]

Editor MEDICAL WORLD:—I am troubled with chronic biliousness, coated tongue and bad taste in mouth. No pain in region of liver, no jaundice, and bowels move regularly. Calomel acts well, but gives relief only for a short time. I have tried almost all the remedies I know of, even to patent pills. When I cease to take something of the kind the bile accumulates, tongue coats worse and I lose appetite and get very weak. I have no fever nor malarial trouble. I have had quite a number of cases similar to mine. I live in a high, dry country. Will appreciate the Editor's and WORLD readers help on my case, either thru THE WORLD or by letter. I have seen very little on chronic biliousness (inactive liver) in THE WORLD. D. D. HAMILTON, M.D.
Colmesneil, Tex.

[What hope have you in patents? You need careful dieting, mild laxativs and intestinal antiseptics. Abandon the habitual use of any mercurial, and adhere to our suggestions, and report if not benefited in a few months. We are certain that you have more auto-infection from gastro intestinal indigestion and constipation than you have "chronic biliousness." Chronic hepatic trouble is only possible in obstruction of the ducts or organic lesion. You will find aromatic fluid extract cascara sagrada, or either of the following tablets efficient and mild laxativs for habitual use: The aloin, belladonna, ipecac and strychnin compound, put up by all makers of tablets or the Drysdale's aperient prescription. You

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will get well if you get regular bowel action and good digestion, and forget your liver.—ED.]

Editor MEDICAL WORLD:—Woman, 25 years of age, married five years, never pregnant, family history good. Both she and her husband have been very amorous; claim they averaged intercourse about twice or three times in 24 hours during the first three years. She has a very small vagina, and husband is large. For the past three years she has had almost constant pain in left side, over ovary and extending down thigh to knee, sometimes to sole of foot, and sometimes to knee on right side and in back; also pains like needles shooting up her rectum when sitting down. Has good appetite and bowels are regular; frequent attacks of sick headache, and at times will bloat across lower part of abdomen, as tho six months pregnant. Average weight, 125 to 132 pounds. Two years ago had acute attack of Bright's disease, now has antero-lateral flexion of uterus; very painful on pressure on left side, so that she cannot stand local treatment at times. I have given internally tonics, dioviburnia, H. V. C., and the different emmenagogues; over abdomen iodin, mustard and turpentine stupes; have tamponed with ichthyol and glycerin, 10 per cent. and 15 per cent.; also glycerin plain, iodin and glycerin, ichthyol, iodin and hydrastis, and used the different vaginal suppositories, douches of plain and medicated water, hot as could be borne, which always makes her feel weak. Before marriage, menstruation was never regular, sometimes every three months. After marriage, regular until lately it runs over from three days to two weeks and sometimes hardly soils one napkin, and flows from half hour to six days. Never had any other discharge. Sometimes breasts get very sore to touch. Any advice or suggestion will be appreciated. H. W. ERNST, M.D.
Martin's Ferry, O.

[You have medicated well and applied enuf local applications. Now either examin both ovaries thoroly yourself, or have it done by a competent specialist in gynecology. We believe thoro and repeated curetment and subsequent depletion by glycerin tampons or protracted hot douches will cure her if no organic lesion exist. We fear you have dosed and doped too much and examined too little. We do not believe her former sexual excesses a factor in the case. Will gladly hear from you after you have tried our suggestions.—ED.]

Editor MEDICAL WORLD:—I have been watching your columns for a long time hoping to see a question askt about "vaccinium" as a preventiv of smallpox. The medicin consists of vaccine pus triturated with a large amount of sugar of milk, probably 100,000 to 1, and of this powder 10 or 15 grains are given instead of vaccinating in the old style. This method has been adopted by a pseudo-homeopathic physician in this town. When a candidate for life insurance in a fraternal beneficiary association had never been vaccinated, it was the custom of the said doctor to administer one of these powders, and then report the candidate as "successfully vaccinated," charging $1 for the powder. Now, I should like to know from some of your readers what value, if any, is attacht to vaccinium as a preventiv of smallpox. H.
Vancouver, Wash.

[The above is interesting as a curiosity. It does not need a reply.—ED.]

To E. M. F., M. D., Texas:

[You are possibly acquainted with the claims of the proprietary remedy extensivly advertised for the absorption or clarification of cataract, but we do not know of any remedy used for the absorption of pterygium. The operation for removal is speedy and simple in skilled hands. You might do it yourself, but if without any experience in eye work, we would advise your having a good eye surgeon do the operation.—ED.]

Editor MEDICAL WORLD:—As one of those who having "turned the last stone" unrewarded are wont to seek aid from the nearest and best source, I appeal to you, knowing my plea will receive attention. The subject of this is a lady, aged 48, easy circumstances, good habits; has been the subject of chronic eczema for ten years. Squamous, pruritic to a markt degree; most markt on lower extremities, especially outer surface of leg. Was on face; cured by ung. hydrarg. ox. rub., but neither this nor any other remedy seems to be effectiv against the legs or body. The pruritus is almost unbearable, especially at night. I have exhausted my resources. Have used glycerin inunctions for the dermal thickening, which can be reduced, but the disease retains its old-time vitality. No constitutional dyscrasia. Anything you advise will be gratefully received. TEXAS.

[The WORLD readers may advise you by personal letter as they choose. Our best success in such cases has been from the use of arsenic in liberal doses internally, and the continuous external application of some such ointment as zinc oxide under oiled paper or chamois skin. Your application of glycerin was all right; and of course you will avoid the use of water. Saline purges are indicated. When pruritus is extreme, we advise a dram of carbolic acid to a quart of water frequently; or the use of a saturated solution of sodium hypophosphite with a proper amount of cocain. All such cases are trouble-

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some. You know all the remedies as well as we can tell you; but after you have had abundant advice, it is well to think long, and hard. Exclude rheumatic diathesis; provoke the kidneys; coax the patient to be patient; and remember to look up well the old reliable oil of cade, for it has cured many inveterate cases after all other remedies failed.—ED.]

Editor MEDICAL WORLD:—On January 20, 1902, was called to see Mrs. M., age about 42 years, mother of six children, all living and healthy. She informed me that for four months her health had been steadily declining and she had lost considerable in flesh. Upon examination I found her very weak, very anemic, suffering with chronic constipation, so much bowels never moved except from an activ purgativ, e. g., two or more drams of fld. ext. cas. sag. Appetite and digestion bad; temperature normal; pulse 85 per minute; kidneys acting frequently and very small quantity with considerable pain. Sp. gr. of urin 1,015; alkalin in reaction; about 33 per cent. albumin and mucus, with brick-colored sediment on standing. Spleen very much enlarged, tender and indurated, extending down to crest of ilium, and forward well toward the median line; tongue heavily coated, but having been very badly salivated, she objected to taking calomel. Gave following treatment: Phos. sodium d ssolved by acetic acid and combined with fld. ext. cas. sag., from one to three teaspoonfuls at bedtime to move bowels well each day. As a tonic, gave her strych. sul., tinct. chlor. iron, elix. lact. pepsin, to be given three times daily after meals. For urinary trouble I ordered "tritica" (S. and H.), two teaspoonfuls in hot water every four hours. As an external application over region of spleen, resub. iodin, sul. ether to dissolv, vaseline to make oint., to be applied once or twice daily with friction. This treatment was continued for some thirty days with fairly satisfactory results, when everything seemed to lose its effect. Then I prevailed on her to take calomel instead of the tritica, put her on act. pot., buchu and digitalis, with very good results for the time being, but I forgot to mention on second examination of urin sp. gr. was normal with about 10 per cent. less albumin and mucus than before; all pain and irritation relieved. Also gave syr. hypophos. comp. and elix. lact. pepsin instead of strych. and iron mentioned above. The splenic tumor has diminisht considerably in size and hardness and is not near so tender as before. Appetite and digestion very good, but she still remains very weak and anemic, not seeming to gain any strength scarcely or improve in appearance. Usually rests well at night, but occasionally has to take bromids and celerina to secure rest. Today have put her on arsenauro and will give it a trial.

Am I right in this being a case of splenic leukemia? Will be very grateful for any help. This is my first inquiry, and you will find $1 inclosed for a year's subscription, so please enroll my name. HOUSTON NEELEY, M.D.
Tilden, Tex.

[Such an excessiv dose of the cascara would indicate the use of some other remedy. Try some of the salines, or senna and aromatics, or the U. S. P. "black draught," or glycerin suppositories, or turpentine enemas. Put her on alkalies and elixir saw palmetto compound or liquor ferri and ammoni acetatis for the kidney insufficiency, and continue the treatment for a considerable period. If you were not careful to remove all mucus from the urin before making the test for albumin, it is possible that you did not have albumin at all; it is now well known that not only there is a cyclical functional albuminuria, but also that many of the tests we formerly considered infallible are fallacious if mucus and many other ingredients be present in even minute quantities. It would be well for you to get some late work devoted specially to urinary examination. We do not believe your case one of splenic leukemia; but think it a general functional derangement involving stomach, bowels, heart, kidneys, liver, and spleen—without, perhaps, any real organic lesion. We deem a prolonged course of eliminatory treatment the proper course, since auto-intoxication is evidently a factor.—ED.]

Editor MEDICAL WORLD:—A case has recently come to me in which I would like to have advice. A merchant, six feet, 200 pounds, 50 years old, in good health, but a year ago this last winter he fell from an ice house, striking the left hip. He was confined to his bed several months, during which time he had good treatment. There was no fracture, and the parts were not discolored, where one would naturally expected considerable bruise. He says the physician who attended him claimed that the inside of the thigh received an injury (that would naturally be expected and lookt for upon the surface), and that the injury consisted of a strain of tendons, rupture of some blood vessel, or some such injury too deep in the tissues to be defined and named with any certainty. That is the history of the case as he gave it to me. He is up and attending to his store and other business—in fact is on the limb too much, I think. There is great swelling or tumefaction thruout the entire length of the limb. It is almost as large again as the other leg. The swollen condition subsides perceptibly during the night, to return again during the day. His former physician failed to relieve him at this point. I have him using a pure rubber bandage and he thinks it is doing more to relieve or reduce the enlarged limb than any other measure taken to

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date. What I wish to ask of THE MEDICAL WORLD is: "What measures or what treatment would you advise me to adopt?" The case is a very ordinary and common one, but what would be a modern up-to date treatment of such a case in one of your hospitals?

Hugo, Ill. A. C. WILLIAMS, M.D.

[Your rubber bandage is all right; but this man must lay up for awhile. Even then, a good leg cannot be promist him. The horizontal position, with affected limb elevated, is absolutely necessary. Careful massage may help, but position is the important thing. Nothing can avail without it. At the same time, look carefully after the general health. When he gets up again, resume use of the rubber bandage. As to the pathological condition, the case suggests phlebitis. Read up on that subject. However, the pathological condition left by the injury may be obscure.—ED.]

Editor MEDICAL WORLD:—A young man, age 24, weight 165, habits good, grocery clerk by occupation. At the age of 13 commenced to masturbate, which he practist from one to three times a night for four years, after which time he stopt the practise, having become frightened on account of premature ejaculations. Both testicles are small; penis of good size. General health good, eyes, ears, mouth, nose, heart, lungs and abdominal organs normal; bowels regular and urin negativ on repeated examinations; never had gonorrhea. The young man is very bashful in the presence of women. On the slightest fondling of them he has erections, and on attempting intercourse the ejaculations are premature. Have had him on phos. and nux, cannabis Indica and ergot. Am at present giving him half dram doses fl. ext. muira puama t.i.d.; half dram stront. bromid at bedtime; cold sitz baths. Have been treating him for over a year without any improvement. Has been treated by several neighboring M.D's. I would be glad to have a little help in this case. Do you think electricity would be of any benefit?

Illinois. R. B. WHITE, M.D.

[When will doctors learn not to stimulate such cases? Sedativs are clearly indicated. And why mix stimulating and sedativ treatment, as was done in the above case? If one is given the other should not be given. Local sedativs and general tonics, preferably along hygienic rather than medical lines, are indicated. A medical acquaintance praises salix nigra as a sedativ in such conditions.—ED.]

Editor MEDICAL WORLD:—M. M., age 57, of delicate constitution, very tall, height six feet three inches, weight 140 pounds; family history good. Was called April 27, 4 a.m. Found patient suffering intensely from a pain in left breast. On respiration pain increast, causing him to have very quick, labored breathing. I had seen him have same kind of attacks at former times, so thought this same as previous ailment. Temperature normal, pulse increast slightly; gave him ¼ morphin, 1/150 atropin hypodermically. Was easy and resting quietly in one-half hour. I then left him calomel tabs. ½ gr. with soda bicarbonate, to be taken every hour until six were taken. I heard from him that evening at 7 p.m.; resting well, so told the messenger he would need nothing further. On May 2nd I was sent for in haste to see patient again. Found him with high fever, 104½°; great pain in back of head and neck; very restless and uneasy. Right here, Brother Editor, I will state that his nephew, who is a graduate in osteopathy, came on a visit on Sunday after I had visited patient, and had remained until my second visit, and had claimed he could relieve the suffering. His treatments had done no good. I saw that the man was in a serious condition and growing worse every hour. I ordered for him migraine tabs. (P. D. & Co. improved), to be given every three to four hours as indicated for pain in head; also bromid pot. in liberal doses. His pulse at this time was full and regular, 100 per minute; temperature 102½°. I told family he was in dangerous condition; that his brain was, I feared, involved. The pupils were contracted, yet he had had no opiates since Sunday morning when I saw him the first time. He did not answer my questions promptly, and when making a statement he would repeat it several times. I returned to my home and at 2.30 a.m. Was called to see him again (May 3). Found him delirious, muttering, picking bedding, and his speech incoherent, pupils contracted. He would sit up on bed, throw his hands to his head (always to the back part of head) and moan and groan. I found he had passed no urin since the evening before, and as there was some distention I drew his urin, which upon examination was loaded with albumin. This case went on to final termination in death at 9 p.m. of same day. With the assistance of two other splendid physicians, we were unable to do anything for him. His temperature and pulse remained about 102½–100 respectivly, until about 6 in evening, when his temperature ran up to 105¾°. We gave him alimentary feeding and stimulants, and did everything to keep up life, but it went out rapidly. Now, Mr. Editor, I would like to know what was the disease that caused death? I think my patient had meningitis, the primary lesion beginning in the lung; and that the uremia was a result of the meningeal inflammation. I am possibly wrong in my diagnosis. It was a very interesting case to me, tho a sad one, as it ended in death. I think, Bro. Editor, we are too prone to report our successful cases and say naught of our failures. The practise of medicin, while one of the grandest and noblest of professions, is unfortunately not an exact science, nor are our remedies infallible.

Price's Mill, Ky. C. L. VENABLE, M.D.

University Va., 1885-1886. Memphis Hosp. Col. Med., 1887.

[The trouble was evidently in the head,

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probably meningeal. Any connection between the lung trouble and this does not seem apparent. We do not see uremia in this case; there were no uremic convulsions. We do not see the occasion for stimulants, nor for rectal nor for any other kind of feeding. The patient was not in a starving condition, nor in a condition that demanded stimulants. Read up on inflammation of the brain and its membranes.—ED.]

Formula for "Liquid Electricity," a cure-all for pains and aches, is desired. We suppose that any doctor can write a formula for a liniment which will be equally as good. See the many formulas for liniments that have been publisht in WORLD during the winter months for years past.

Editor MEDICAL WORLD:—I have two cases of eczema that have resisted the common treatment for two years. Can you or any of the WORLD readers give me any plan of treatment that has proven successful in similar cases?

Case 1. Girl 6 years old; limbs and part of body covered with scales and fresh eruption; at first it is moist, later drying and partly healing; considerable itching; otherwise in good health.

Case 2. Man 30, good health save eczema of chin and upper lip, of the scaly kind; with bad itching. Has existed for four years. If the hands are washt in antiseptics, such as carbolic acid or bichlorid solution, they break out with vesicular eczema. I have been reading THE WORLD only six months, but like it very much.

Nebraska. W. B.

[Place your first case on a course of mild salines that will keep the system thoroly flusht. See that the urin is kept alkalin. Avoid too strong foods, and keep the quantity to the minimum. Prescribe all the pure water the child can drink. Forbid bathing only when absolutely necessary. Cleanse with a soft cloth dipt in warm glycerin and try to remove the scales, but avoid undue friction. Loosely fitting elastic stockings, such as are worn for varicose veins, would be very beneficial, but they must fit much less closely than for varicose veins—just tight enuf to retain their position and exclude air. Of course they must be of good quality so that they may be frequently washt. On account of their expense, we would first try the following lotion, which, however, will not injure elastic stockings:

Resorcin	10 grains
Oxid of zinc	4 drams
Calamin	4 drams
Glycerin	4 fluid drams
Carbolic acid	12 drops
Lime water enuf to make	4 fluid ounces

Mix, and direct: Shake well and apply freely, allowing to dry before adjusting the clothing, three to six times daily.

If this does not speedily effect a cure, we would use the following, but it rapidly destroys the elastic stockings:

Oil cade	2 drams
Tar ointment	6 drams
Solution chlorinated lime	1 ounce,

Mix, and apply freely twice daily.

Have your male patient have a mask made of oiled silk covered inside with chamois skin, and fitted to upper lip and chin, and supplied with openings for nose and mouth. Have the beard clipt closely. Every night, on retiring, cover the parts thickly with oxid of zinc ointment, and adjust the mask. Strings about the neck and head will attach the mask to parts. In morning cleanse with glycerin as described above; avoid use of water, razor or soap. Put him on Basham's mixture and alkalin diuretics and saline purges. Forbid strong meats and acid vegetables. This treatment should cure both patients in a reasonable time if faithfully followed.—ED.]

Would you or some of the readers of the WORLD tell me the formula of Radam's Microbe Killer and oblige

Chicago, Ill. J. A. REISE, M.D.

The following is given in the Druggists' Circular as making a preparation closely resembling this proprietary medicin:

RADAM'S MICROBE KILLER.

Take of

Sulfurous acid, U.S.P	4 ozs.
Commercial sulfuric acid	4 dr.
Muriatic acid	2 to 10 drops.
Red wine	1 oz.
Water enuf to make	1 gal.

Mix.

THE MEDICAL WORLD:—Can you inform me the composition of Nathan Tucker's (Mt. Gilead, Ohio) "asthma cure?"

Hazardville, Conn. R. E. S. HAYES, M.D.

[No; but by careful study of the subject, we venture that you could get up a better one. Will you and some of the rest of the "family" undertake to work this subject up for early fall? A good discussion of it at that time would be a good thing.—ED.]

MR. EDITOR:—Will you and your readers please diagnose and give treatment for following case? For three years previous to beginning of sickness patient kept postoffice and had to "tip toe" (always using left foot) to reach the highest mail boxes.

Miss E. D. P., age 26, general health good and urin normal. February, 1898, left foot began to swell without pain. Swelling remained for three weeks and then disappeared, but pain and

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tenderness at this time were prominently noticeable, tenderness especially of great toe. A small hard lump made its appearance at this time just in front of the outer malleolus, remaining a few days but returning again about every four weeks. The lump was not at all tender, and did not give rise to any pain. Since the incipiency of this trouble to the present, patient has not been able to bear the weight of cover on the foot, but kept the cover from foot at night with a properly adjusted frame. Equal pressure on all parts of foot gives rise to no pain nor inconvenience, and she can wear a cloth shoe that fits properly and can walk unaided for several hundred yards at a time. The least tilt of foot makes patient sick and gives rise to intense pain. Foot is cold all the time, and at night there is a sensation of numbness as if the foot were "asleep;" but to pinch foot while in this condition gives rises to pain. Every measurement of foot is 1¼ inches smaller than opposit one. The extensor proprius pollicis muscle is tender along its course, and a slight adhesion exists between it and its sheath. To flex great toe gives intense pain all over foot and up back part of leg. No tenderness along the course of sciatic nerve. An ocular examination reveals nothing at all.

Ankle-joint slightly ankyloced. Menstrual periods regular. Never had any of the acute infectious fevers, but has had some of the eruptiv fevers. She gives a family history of phthisis pulmonalis, but a microscopic examination of sputum reveals nothing of the kind in this patient. Morning temperature 99°; evening 99 2-5°; pulse 77. Defecation is regular. This patient came under my care in February, 1899. Previous to that time her physician tried to relieve her with rheumatic agents, but with no success. I thought it a tuberculous trouble and put foot in a plaster cast for four months and gave tonics and had patient to use crutches. This gave no relief at all.

Next the anterior tibial nerve was divided, and a part resected, but it had no influence on the disease. Massage and various local applications were used, but to no advantage.

Not less than forty physicians have examined this patient and none seemed to have a definit idea as to the disease or treatment. It has been diagnosed as multiple neuritis, tubercular joint, rheumatism, hysteria, sciatica, Brodie's joint, flat-foot, syndesmitis, rarefying osteitis, etc. Many say: "I don't know what it is." I have exhausted every agent enumerated in my materia medica for the disease that this might be, but the result has been the same in all—no improvement. Have considered the advisability of amputating the foot, but don't know what is best. Any information that may be given will be gratefully received.

Bristol, Va.-Tenn. M. B. KINZER, M.D.

Editor MEDICAL WORLD:—Mrs. J. B.; Anglo-Saxon; fair complexion; housekeeper; age, 40; height, five feet six inches; weight, 130 pounds.

General history: Father died 48, paralysis; mother died 63, cancer of uterus. Has two brothers, 30 and 36, in good health; two sisters, 30 and 33. The one aged 38 has rheumatoid arthritis and prolapse of uterus. Mrs. B. has two healthy children; the younger is 6 years old. She herself has never been seriously ill, but has never been robust.

Present condition: Chest: inspiration, thirty-one inches; expiration, twenty-nine inches; respiration, thirty. There is a small area of tenderness, slight dulness and increast vocal resonance just above and within lower angle of right scapula; lung otherwise normal. Heart sounds normal; standing, ninety-five per minute; sitting, eighty-five per minute. Abdomen: tenderness in right upper and lower quadrants, especially over right ovary; right kidney palpable below margin of ribs during inspiration. Uterus: right latero-version; acute pain on attempt to rectify its position; slightly congested and moderate leukorrhea. Rectum has a few tags of past hemorrhoids, but no active one. Urin normal; menstruation regular and normal; appetite and digestion only fair; bowels costive. General appearance somewhat anemic. Complains of a constant feeling of depression and tiredness; not much pain anywhere; no cough; no fever; no night sweats; decidedly nervous—always has been. Coitus disagreeable, except perhaps one or two days in a month and at times is quite painful. Complains often of a ringing in head; cannot stand on her feet for any length of time.

Treatment has been limited, as she cannot take anything bitter, nor can she swallow a pill or the smallest pellet without crushing. I have failed to get strychnin in a form that she could take it at all. Cathartics have to be liquid or a powder that is nearly tasteless, so I have prescribed calomel chiefly for that purpose, along with some of the granular effervescent preparations. What can I do? Any suggestions as to diagnosis, treatment or prognosis will be appreciated. Your Quiz Department is all right.

Michigan. E. W. T.

[You do not give sufficient data on the lung from which we can draw any definit deductions. Some details of your case resemble a curious phenomenon known as ileus. The muscular coats of the mucous membrane of the bowel contract spasmodically at intervals in a manner such as closely simulates a tumor. It is said to be found in constipated and neurotic females. We have known of but six cases, four of which were benefited or cured by the following method of treatment: Secure a long rectal tube and attach it to about six feet of rubber tubing; have a wide bottomed bowl or bottle containing one-half to one pint of Malaga olive oil; patient lies flat on back with foot of bed raised six inches, and no pillows are used; the tube and tubing are now filled with oil by means of a funnel; both orifices are closed with the finger, and while one end is immersed in the oil, the tube is passed

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high up in the bowel, and the patient instructed to lie perfectly quiet. The oil will gradually pass high up in the bowel and there remain; it may take twenty minutes to a full hour for the oil to enter the bowel. This treatment is repeated each night for a week, and as constipation disappears the intervals are lengthened to alternate nights, and as the cure is complete, to once each week. Curet the uterus thoroly, and follow by depletion with vaginal tampons of boro-glyceride or the astringent tablet put out by all makers of tablets:

Zinc sulfate	3¾ grains
Sodium sulfate	3½ "
Sodium borate	4 "
Boric acid	¾ "

Direct that one be passed up to uterus (preceded by a vaginal injection) every third night; a vaginal douche is taken the following morning. This will deplete the uterus and remove diseased vaginal mucous membrane; the extreme tenderness will then vanish so that you can correct the displacement. Make sure that your curetment is well and antiseptically performed, and that after treatment is conscientiously performed. We find it practically useless to advise the hot douche in practise outside a hospital; the ladies *will not* take the trouble to do it right, and if improperly performed, it is injurious. (See Editorial, this issue.)

We do not think the old rectal tags enter into the case. We would advise the husband to abstain from coitus for several months, "during a period of new treatment;" and we assume the wife will enter upon suspended duties with new pleasures. The rectal treatment will preclude any necessity for oral administration of drugs for constipation or hemorrhoids; reliable and perfectly soluble hypodermic tablets will solve the problem of difficulty in swallowing; if a cathartic *must* be given, try licorice powder in generous dosage, or "the black draught," U. S. P.

We are glad you appreciate our Quiz Department. Do not fear to ask again. We will be glad to hear from you on this or any other case at any future time, for we wish to make THE WORLD indispensable to every present reader, and we expect every present reader to get us a few more subscribers, for we work as much for the "family" as for ourselves—more, in fact, we often think.—ED.]

Wisconsin Board of Medical Examiners.

Questions in Examination at Milwaukee, April 8 and 9, 1908.

PATHOLOGY.

Dr. Henry B. Hitz, Examiner.

1. What constitutes malignancy in tumors? Name the malignant neoplasms.
2. What pathologic changes take place in acute mastoiditis?
3. What is the pathologic anatomy of enterocolitis?
4. What is the pathology of atheroma?
5. Describe the lesion of acute pericarditis.

PRINCIPLES AND PRACTISE.

Dr. Henry B. Hitz, Examiner.

1. What are the symptoms of chronic parenchymatous nephritis?
2. What is epidemic cerebrospinal meningitis? Give causes and pathological anatomy.
3. What are the symptoms, diagnosis and treatment of acute gastritis?
4. What are the symptoms and diagnosis of leukemia?
5. What are the symptoms and physical signs of acute phthisis?

ANATOMY.

J. R. Currens, M.D., Examiner.

1. Describe the humerus, giving articulations, attachment of muscles, nutrient artery, tuberculosis, etc.
2. Describe the corpus callosum and give its relation to the lateral ventricle.
3. What difference exists in the perineum in the male and female?
4. Describe the abdominal aorta, giving origin, branches, etc.
5. In what anatomical features do veins differ from arteries?
6. Describe the eustachian tube.
7. Give boundaries, contents and coverings of the superior carotid triangle.
8. Locate and describe the thyroid gland.
9. What is the great omentum.
10. Describe the conjunctiva.

Do not hurry, but let your answers be clear and logical without any effort to particularize too much. Remember you have two hours' time.

SURGERY.

J. R. Currens, M.D., Examiner.

1. Name the different kinds of fractures and explain the process of repair.
2. How would you differentiate between dislocation of the hip-joint and fractures of the neck of the femur?
3. What is shock? What are its causes? What is its treatment?
4. Tell under what conditions you would prefer each of the following anesthetics: 1st, chloroform; 2d, ether; 3rd, medullary narcosis?
5. Under what circumstances, why, and how would you use normal-salt injections? Give reasons and describe the way of giving the same.
6. Describe *Pott's fracture*, tell how you would treat same.
7. Give signs, symptoms and treatment of appendicitis.
8. Give your treatment for burns of the first, second and third degrees.
9. Name the treatment you would use in a severe case of renal colic and under what circumstances would you advise an operation?
10. Describe carcinoma and give its favorite locations on the human body.

CHEMISTRY.

Harvey B. Dale, M.D., Examiner.

1. Give symbol and atomic weight of oxygen, and state some of its properties.
2. What is an acid? State the difference between sulfuric and sulfurous acid.
3. Give common name for each of the following: $H_3OH_3O_3$ liquor potassii arsenitis, CO_3HgCl_2.
4. Give the chemical formula for nitrate of silver. State some of its properties and principal uses.
5. In what three principal forms does carbon occur? Mention the chief properties of each form.
6. Name the elements of what is known as the chlorin group. Give the common test for ascertaining the presence of iodin in a compound.
7. Write the chemical formula for each of the following: Common salt, muriatic acid, white arsenic, ammonia gas, caustic potash.
8. What is combustion? Illustrate. What is fermentation? Illustrate?

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9. What is vegetable acid? What is alkaloid? Name two of each.
10. From what source is carbolic acid commonly derived? Mention its chief properties.

PHYSIOLOGY AND HYGIENE.
J. V. Stevens, M.D., Examiner.

1. Name the different avenues of escape for the excretions of the body.
2. What is the chemical reaction of (a) saliva (b) blood; (c) pancreatic juice?
3. Explain the effect of violent mental or physical exercise taken immediately after eating on the digestion of food.
4. Name the teeth of the temporary and those of the permanent set, giving number of each and the approximate age at which they are erupted.
5. What nerves control the action of the heart?
6. Describe the process of blood coagulation.
7. Trace the systemic circulation of the blood.
8. Trace the pulmonary circulation of the blood.
9. What changes occur in the blood while passing thru the pulmonary circulation?
10. Give your preference for the hour at which the principal meal of the day should be taken, and the reasons therefor.

1. State briefly some practical methods of securing good ventilation in homes not properly ventilated at time of building.
2. In what part of the room are the poisonous gases in respired air found in the greatest quantities? Why is this so?
3. State essentials for securing a supply of good water. Give simple test for ascertaining if water is potable. How can a condition of impurity be easily modified.
4. Give rules for bathing that will be applicable in maintaining good health.
5. Give your preference for a system of heating and your reasons therefor.

PHYSICAL DIAGNOSIS.
C. E. Quigg, M.D., Examiner.

1. Give differential diagnosis between scarlet fever and measles.
2. Give physical signs and symptoms of appendicitis.
3. What are the physical signs of carcinoma of the liver?
4. Symptoms and physical signs of acute pneumonia.
5. What are the physical signs and symptoms of bronchial asthma?
6. What are the physical signs of chronic endocarditis?
7. Symptoms and diagnosis of chronic catarrhal enteritis.
8. What are the physical signs of the third stage of pulmonary tuberculosis?
9. What are the physical signs of pleurisy with effusion?
10. Differentiate diphtheria from any disease with which it is likely to be confounded.

DIETETICS.
A. U. Jorris, M.D., Examiner.

1. How does cooking affect the food?
2. Discuss the dietetic use of water to the body.
3. Discuss the "fruit cure."
4. Of what specific value are the following to the body: Alcohol, tea, coffee, proteids, carbohydrates, fats?
5. Give a diet for the following diseases: Typhoid fever, Bright's disease, diabetes and constipation.
6. Give a daily ration containing the elements of food necessary to properly nourish all parts of the body.
7. Define secretion, absorption, assimilation and give example of each.
8. Name three skin diseases due to improper diet.
9. Name parasites appearing in flesh of animals detrimental to the human body.
10. Name the adulterations found in food: (a) The food most commonly adulterated; (b) the means used.

TOXICOLOGY.
C. E. Quigg, M.D., Examiner.

1. Give treatment of poisoning by opium or its alkaloids.
2. How would you differentiate between morphin and uraemia?
3. Tell when to use and when not to use the stomach tube or pump.
4. Give the symptoms of poisoning by belladonna.
5. How would you test poisoning by caustic alkalies?
6. Describe method of making test of stomach contents where poisoning by arsenic is suspected.
7. Give general symptoms of ptomain poisoning.
8. How would you treat a person who had taken Paris green?
9. How would you prepare an antidote for arsenic in an emergency?
10. Give treatment for acute lead poisoning.—Med. Magazine.

Oregon State Medical Examining Board, January 7 and 8, 1902.

ANATOMY.
W. H. Saylor, M.D.

1. Give a brief description of the facial nerves.
2. Name the ligaments, lobes, fissures and vessels of the liver.
3. Name the muscles of the shoulder and arm.
4. Describe the abdominal aorta. Name its branches and give their general distribution.
5. Give boundaries and contents of Scarpa's triangle.
6. Give a brief description of the hip joint.
7. Describe the inferior maxilla. Give the attachment of ligaments.
8. Describe the thyroid gland and its blood supply.
9. Describe the circulation of the blood.
10. What is a bursa?

SURGERY.
W. H. Saylor, M.D.

1. State causes and symptoms of stricture of the male urethra. Treatment of those of large and small caliber.
2. Give symptoms of fracture of the base of the skull in anterior, middle and posterior fossa.
3. What is a compound dislocation? Give symptoms and treatment.
4. Describe McBurney's operation for the radical cure of hernia.
5. Describe the operation for the removal of adenoid growth in the nasopharynx.
6. How would you treat an incised wound of the wrist, when tendons and nerves have been severed?
7. What is a compound fracture and how would you treat one?
8. Describe a chancroid, a chancroidal bubo, and how would you treat each?
9. Give symptoms and treatment of inherited syphilis from birth.
10. Why should you charge more for surgical than medical professional services?

DISEASES OF WOMEN.
Byron E. Miller, M.D.

1. Differentiate between chronic gonorrhea and cervical catarrh.
2. Give cause, diagnosis and treatment of pyosalpinx.
3. Give diagnosis and treatment of extrauterin pregnancy.
4. When should a laceration of the cervix be repaired? Give reasons.
5. When should a laceration of the perineum be repaired, and why?
6. Describe inversion of the uterus. Give cause and treatment in detail.
7. If the ovaries and tubes were removed from a woman who was three or four months pregnant, what effect would it produce on the fetus?
8. What should be done with the bowels before and after an abdominal operation?
9. Describe flexion and give treatment.
10. Give your preference of the following operations: Craniotomy, symphysiotomy, or cesarean section. State why and when either should be done and probable result.

MATERIA MEDICA AND THERAPEUTICS (HOMEOPATHIC).
Byron E. Miller, M.D.

1. What remedies are most frequently useful in uterin hemorrhage? Give the characteristic symptoms for each.
2. Name four remedies useful in spasmodic croup. Give characteristic symptoms for each.
3. Give the symptoms calling for colocynthis, nux vom. and chamomilla in bowel troubles.
4. Give indications for bry. and phos. in pneumonia.
5. Describe the action of apis and bell. upon the throat.
6. Give the principal action of arsenicum alb, ipecac and iris vers.
7. State characteristic indications for belladonna and stramonium.
8. Give stomach symptoms calling for nux vom., lycopodium and ipecac.
9. Give characteristic symptoms of kali bich., merc. sol. and phos.
10. Name three remedies and give indications for same in treatment of epistasis.

MATERIA MEDICA AND THERAPEUTICS.
A. B. Gillis, M.D.

1. Give the physiological action of morphin.
2. Differentiate between carbolic acid and phosphorus poisoning.
3. Give treatment for incipient phthisis.
4. Name three mineral acids, their dosage and when indicated.

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5. Write a prescription for a cough mixture.
6. Give treatment for scarlet fever.
7. Name three cardiac stimulants, dosage and indications.
8. Give dosage of fid. extr. belladonna, gallic acid, phosphoric acid, pancreatin and veratrum viride.
9. When would you use eserin and when atropin in the eye?
10. What is their physiological action on the eye?

PRACTISE OF MEDICIN.

A. B. Gillis, M.D.

1. Give symptoms and treatment of acute pericarditis.
2. Give cause and symptoms of acute lobar pneumonia. What are some of the complications?
3. Distinguish between activ and passiv congestion of the k dneys.
4. What are some of the causes of cerebral hemorrhage. How would you distinguish between a hemorrhage and occlusion of the cerebral vessels?
5. Name some of the corneal ulcers. How would you treat interstitial keratitis?
6. Give symptoms, etiology and treatment of simple chronic rhinitis.
7. Differentiate between measles and scarlet fever. Give etiology and symptoms of cholera morbus.

[Question No. 8 seems to have been omitted, by mistake, from the copy sent to us.—ED.]

9. Treat a case of chronic suppuration of the middle ear.
10. How would you treat follicular trachoma?

MEDICAL JURISPRUDENCE.

W. E. Carll, M.D.

1. How long after death does rigor mortis appear?
2. What muscles are first involved by rigor mortis?
3. In a supposed case of infanticide, how would you determine if a baby was born dead or had lived?
4. What is meant by the term criminal abortion?
5. Give one test for the detection of arsenic in the contents of stomach.
6. Give medical and legal descriptions of insanity.
7. Describe microscopic appearances of blood globules of humans, and of do nestic animals.
8. Appearance of stomach after poisoning by carbolic acid.
9. How long does it take for normal blood to clot, and what effect does climate have on it?
10. Describe death resulting from an anesthetic.

PHYSIOLOGY.

W. E. Carll, M.D.

1. How do forests benefit public health?
2. What changes take place in the composition of blood as it passes thru the kidneys?
3. What nerves control the stomach?
4. What is the effect of alcohol on digest'on?
5. Where is the apex impulse best felt?
6. What is the normal quantity of gastric juice secreted in twenty-four hours?
7. Why is venous blood dark and arterial bright?
8. What are the direct sources of animal heat?
9. Give functions of the spinal cord.
10. What is lymph?

CHEMISTRY.

H. E. Currey, M.D.

1. What is your name? Post office address? Where and when did you graduate? Define chemistry.
2. Define and give the difference between chemical and physical changes.
3. How may matter be subdivided?
4. What objection have you to the use of well water?
5. Give two tests for albumin and urin.
6. Name five mineral poisons and give their antidotes.
7. Give two tests for sugar in diabetic urin.
8. How would you proceed in a case of poisoning where suicide had been attempted with carbolic acid?
9. What is the chemical action of the pancreatic ferment upon fats?
10. Give the source, important compounds and medical uses of iodin.

OBSTETRICS.

H. E. Currey, M.D.

1. What is your name? Post office address? Where and when did you graduate? Define obstetrics.
2. What bones form the obstetric pelvis?
3. How is the obstetric floor divided in its relation to labor?
4. What constitutes the pudenda?
5. What is conception?
6. How is the placenta formed and what is its function?
7. At what time, and by what means could you positively diagnose pregnancy before the full term?
8. How would you proceed to deliver, when the child presents transversely?
9. When and how would you use chloroform, and when and how would you use ergot, in labor?
10. What precautions do you take to avoid infection during labor and in the puerperal state?

THERAPEUTICS, MATERIA MEDICA AND PRACTISE (ECLECTIC).

H. E. Currey, M.D.

1. What is your name? Post office address? Where and when did you graduate? Define therapeutics, materia medica and practise.
2. Define the word "eclectic" and tell what is meant by "eclecticism" with reference to its use in all the public schools of our country as well as in the medical colleges of the United States.
3. Name five agents which influence the character of the blood and give the "specific" or pathological condition for each.
4. Define each of the following: Antiseptic, aseptic, antiperiodic, antipyretic, tonic.
5. What are the "specific" or pathological indications for each of the following: Specific aconite, specific bryonia, specific chionanthus, specific digitalis, specific euphrasia officinalis?
6. Name the different stages of a well-defined case of pneumonia, and give the pathological condition of each stage.
7. What precautions should be taken to prevent the spreading of an individual case of contagious disease in a country practise?
8. Age, 7 years; pulse, 130; temperature, 104; respiration, 32; margin of tongue red and center slightly coated; both tonsils enlarged; has been sick ten hours. Give diagnosis and write prescription.
9. What is meant by traumatic infection, and how does it take place?
10. What is parotiditis and what complication may you expect? Give treatment after complication has manifested itself.

April 4 and 5, 1902.

ANATOMY.

W. H. Saylor, M.D.

1. Describe the tibia.
2. Name the muscles of inspiration and expiration, and how would you produce artificial respiration?
3. Give the surgical anatomy of a fracture of the radius and ulna, lower third, and how would you treat it?
4. Describe the elbow j int.
5. Give the direction of the nutrient canals of the long bones. What relation, if any, do they sustain to fractures of the same?
6. Give the position of the foot, surgical anatomy, and your treatment, in talipes equino varus.
7. Describe a transverse section of the spinal cord and its membranes.
8. Describe the thoracic duct and its use.
9. Name the veins forming the portal system.
10. Describe Scarpa's triangle.

SURGERY.

W. H. Saylor, M.D.

1. Describe the operation for hysterectomy, by abdominal section.
2. How would you treat an incised wound of the wrist, where a part of the tendons, nerves and arteries have been severed?
3. Describe Bassini's operation for radical cure of hernia.
4. What are syphilitic gummata? Where may they appear?
   (a) When do they generally appear and of what do they consist?
   (b) If not treated properly, what is the result?
   (c) What treatment would be indicated?
5. What are the symptoms, course and treatment of acute intestinal obstruction?
6. Give cause, symptoms and treatment (first stage) of Pott's disease of the spine. (Briefly.)
7. Give treatment for acute gonorrheal cystitis.
8. Give treatment for hydrocele.
9. Describe an aneurysm, its varieties, symptoms and treatment.
10. What is a compound dislocation, its symptoms and treatment?

A good many people fancy they are very religious because they think a great deal about themselves and their own future happiness.—New Era.

"I inclose $3.00 to advance my subscription four years. Am pleased with THE WORLD, and it is as good an investment as can be made to be on the paid-up subscription list."—Dr. J. W. Lacy, Lisbon, Md.

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Our Monthly Talk.

The Fortune of $200,000,000 Again, and Its Lessons.

Let it be distinctly understood that it is the extremely and unreasonably large *fortune* that we wish to discuss, rather than the man who accumulated it. But as they are so intimately associated, one with the other, it is impossible to treat of one without some reference to the other. It is my desire to have my readers realize and appreciate what such a vast fortune really means. It is very easy to *say* one million, one hundred millions, or two hundred millions, but it is quite a different thing to actually realize what these vast numbers really are. Hence my calculation (in January WORLD, page 41) showing that $100 per day for every working day since Adam (according to the old belief as to the age of the world) would amount to less than the $200,000,000 fortune. Thus getting it down to a concrete showing, we can see how vast that sum is.

Now let us try another way: Commodore Vanderbilt lived to a ripe old age—due to a strong constitution as a basis, industry, and, above all, regular and temperate habits. Dissipation claimed no part of his life nor strength. In his latter years he retired regularly at 10 p.m., and in other ways lead an exemplary, hygienic life. I have no accurate information extending back into the prime of his life, but I think we would be safe in assuming that the habits of his old days were a continuation of those of his younger days as far as circumstances would permit. Hence we have a model of a prudent, industrious dna useful life. He deserved an ample reward. But what is an "ample reward." Other men have been industrious, frugal, etc., and they have not received such tremendous rewards as Mr. Vanderbilt. Our inquiry is as to whether Mr. Vanderbilt's reward was not more than "ample."

Mr. Vanderbilt was born May 27, 1794, and he died Jan. 4, 1877; hence he was 82 years and 222 days old. As we have said before, the fortune left by him to be divided among the members of his family is said to have been $200,000,000. In order to, in another way, help us to realize and appreciate what a tremendous amount this is, I have had an accurate mathematician to figure out what *income per minute during his long lifetime* this would represent. The calculation begins with the day of his birth, calculated on the basis of 365 days to the year, thus including all Sundays, holidays, days of sickness, etc., and 24 hours to the day, thus including *nights* as well as days, and extending from the day of his birth, thus including the nonproductiv period of infancy and childhood, to the day of his death, thus including the old age of a man who lived to almost 83. With all this in our minds, what do you think the *average income per minute* was? It was four dollars and sixty cents ($4.60)! That is a good wage *per day* for a man in the prime of life, in good health, during fair weather. Indeed, many laborers do not average more than that much *per week*, taking the year around and all kinds of weather.

Think of it! $4.60 (almost a $5 bill) per minute from morn till eve and *from eve till morn;* not only during the week, but *Sundays, too;* not only during health, but during sickness, too; not only during the vigorous period of life, but *during infancy, childhood and old age!* $4 60 per minute! Isn't it princely? Isn't it more than princely? Isn't it more than an "ample reward" for Mr. Vanderbilt's industry?

Isn't a lesson like this enuf to cause citizens and voters to study the causes that led to such a vast accumulation? The same causes are still in operation, and vast fortunes are still being accumulated. Should not citizens and voters, particularly such intelligent citizens as doctors are supposed to be, give some attention to a matter so important? So large a share of the social product should not go to one man; and so many men equally industrious and frugal should not go to the poor house and potter's field. Should not boys be taught in school something about such an important question? —the just distribution of the social product. I don't mean socialism nor any other ism. I mean intelligent study of public economic and socialogic questions. You know that $4.60 per minute from birth till death, at nearly 83, is not right; you also know that the scant rewards of many hard-working people that you know, and more that you have read about, are not right.

You, as a doctor, know that. neither riches nor poverty, as a rule, conduce to good health and the highest development. You, as a scientist, know that every result must have a cause. You know that this is true in sociology as well as in any other science. Our schools and colleges teach botany, geology, chemistry and many other sciences and give little or no attention to sociology. How much does the average boy or girl, or man or woman, use botany, geology or chemistry? Yet we all live, from birth till death, under conditions determined according to the principles of sociology. According to the importance of the subject, sociology should be taught in school as soon as the pupils (particularly boys, but girls too) can understand simple lessons that the teacher can give them, with illustrations from the playground and life about them. (The real fact is that few teachers know anything about the subject.) Then the subject should be continued thru the grammar grades, thru high school, and until the last day of school or college life. With a generation instructed and trained in this way, we would have an intelligence that would not permit the accumulation of $200,000,000 by one man.

We who have not had advantages like the above mentioned during school life should neglect this matter no longer. We should read all of Henry D. Lloyd's works; all of Prof. Frank Parson's works; such magazines as Social Service (New York), The Arena (New York), The American Journal of Sociology (Chicago), etc. It is only by thought and study that our public problems can be solved.

Men have been, and still are, usually, elected to public office because of personal popularity.

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because they "need the money" and have the sympathy of the community thru some misfortune, or because they "fought for the flag," without any thought of any preparation for the duties of the office. The time is speedily coming when all this "buncombe" and public sympathy will not count in this way. It is all right to recognize and reward personal merit, patriotism, etc., but don't do it by making a "sop" of your public offices. Doctors, lawyers, blacksmiths, etc., prepare themselves for their work. The time is coming, and it should now be here, when preparation and fitness for any particular public office will outweigh all other considerations. Hand-shaking as a means of procuring public office will then retire to the rear.

Questions of society and state are really of greater importance to us than private matters, for our private interests depend on a proper solution of public questions. A rich man is not well off if his mansion is surrounded by slums infected by moral and physical disease; if he is supplied with poor gas and impure water; if his mail is irregular and uncertain; if the Government does not protect his title to his property, and regulate and maintain the value of his money. It is proper for us to rejoice on the Fourth of July, but instead of blowing up our patriotism once a year in a bunch of firecrackers, our patriotism should take the form of sober reflection and a resolve to give more time and attention to the serious and non-partisan study of public questions.

A Doctor's Political Platform.

Dr. A. T. Cuzner, of Gilmore, Fla., sends the following, nicely printed as a circular letter, which, it seems, he is sending to the voters of his county:

To the Voters of Duval County:

FELLOW-CITIZENS:—Seeing that I am a candidate for service in the coming Legislature, and being desirous of your political support, it is but seemly and proper at this time that I should give you a brief resume of my life and political principles.

Since I cast my first vote in 1861 I have been a consistent Democrat, never having voted any other ticket.

I hold and advocate the following principles, viz.:

First. "That government derives its just power from the consent of the governed."—Jefferson.

Second. "That all government should be of, by, and for the whole people."

Third. That the Constitution of the United States is the exponent of these principles.

Fourth. That the government should own and operate all transportation facilities, and in addition, own and operate all facilities for the transmission of intelligence as provided for in the Constitution as interpreted by the Supreme Court.

Fifth. That the government only should have the power to issue money (the medium of exchange), which can never be intrusted with safety to privileged private financial institutions; and that all money issued by government shall be full legal tender, and should be so regulated as to maintain a normal average of prices.

Sixth. That the State and municipalities should own and operate all public franchises, for the benefit of the people at large.

Seventh. That it is the duty of the government, both Federal, State and Municipal (each in its sphere) to furnish and maintain good roads for the use of the people.

Should you elect me to serve in the Legislature I pledge you in all honor and sincerity to hold myself as your servant, to use my best service and judgment to obtain such legislation as you may consider just and wise.

Respectfully,

A. T. CUZNER, M.D.

Please notice, particularly, the fourth and fifth "planks" given above. It is plain that the Doctor is a Democrat. Will one of our Republican friends furnish a platform for comparison? Do all Democrats agree with the above fourth and fifth planks, particularly the fifth? I think the above fifth plank is a gem. I would like to see it in the platform of every party. Every reader will not, at first, appreciate the importance and full meaning of the last clause. The maintaining of a normal average of prices is one of the most important functions of money, tho it is still not recognized officially. The law makes debts and taxes payable in dollars, yet it does not regulate the value of the dollar. A debt payable after ten years should not command any more nor any less of the average of products when due than when made. It matters little what dollars are made of—whether gold, gold and silver, silver, or paper—but it matters much whether the dollar is steady or unsteady in value. The way to measure the value of a dollar is not by finding that it consists of a certain weight of a certain substance, but by the quantity of the average of purchasable things that it will buy. The average of prices will determin this. The quantity of money is a controling factor in the average of prices. Individual commodities may (and do, and always will) go up and down considerably in price; but the general average of prices can be maintained at a steady level by the proper control of money. This will insure justice between debtor and creditor at all times and maintain an even steadiness in commercial life. "Hard times" and "flush times" are both abnormal. *Steady* times, if normal to begin with, are the ideal.*

The Five Stages.

In all the media of transportation and communication there seems to be a definit law of evolution. Everywhere at first they are in private hands and used for purposes of extortion or of profit, like the highways in medieval Europe, or the early bridges and canals. In the second stage they are "affected with public interest," and are turned over to trustees, who are permitted to charge fixt tolls, but are required to keep the service up to a certain standard; this was the era of the canal and turnpike trusts or companies. In the third stage the government takes over the service, but manages it for profits, as is still the case to-day in some countries with the post and railway system. In the fourth stage, the government charges tolls or fees only to cover expenses, as until recently in the case of canals and bridges, and as is the theory of the postal system and of the municipal water supply with us at the present time. In the fifth stage the government reduces charges until finally there is no charge at all, and the expenses are defrayed by a general tax on the community. This is the stage now reached in the common roads and most of the canals and bridges, and which has been proposed by officials of several American cities for other services, like the water supply.—PROF. E. R. A. SELIGMAN.

*Full details in the book called "Rational Money" publisht at this office; 25 cents.

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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VOL. XX. AUGUST, 1902. No. 8

Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association;

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

Report of the New Jersey Examining Board.

The annual report of the New Jersey Medical Examining Board contains several points of interest. At the June examination, forty-eight candidates were examined; forty were licenst, seven failed, and "one was expelled for cribbing." Of the twelve midwives who took the June examination for state license, 58 per cent failed to pass because of insufficient knowledge of midwifery. However, the following paragraph is of special interest, because it shows a recognition of the certificate of one state by the boards of other states:

"Since the last annual meeting, the certificate of license to practise medicin, issued by this state, has been accepted by a number of other states in lieu of an examination."

An Ethical "Bracer."

Occasionally a doctor writes to us that he wants to advertise to sell to physicians a formula that he has found to be of unusual efficiency in some special disease. We always answer such letters rather fully, hoping to lead the erring and selfish brother to see his duty to the profession. After dictating a reply to one of these recently, we thought that the main part of the letter might be of interest to many of our readers. So we placed a duplicate of the letter in our editorial box, to be further considered when it could be reacht. We now decide to here present

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the main part of the letter, hoping that it may "brace up" other brothers who may be ethically weak at times.

1520 CHESTNUT STREET,
PHILADELPHIA, PA., June 29, 1902.

DEAR DOCTOR:—Yours at hand and carefully read. Your medical education and mine (and that of every educated medical man in the world), was gotten not by ourselves, but by the tremendous and unselfish work of all who have gone before us. This rich inheritance has come to us freely from the medical profession, of which we are now a part; but do what we may to our utmost, we cannot even hope to give an adequate return back to the profession for that which has been so freely given us. The spirit pervading the medical profession is for each to do and give all he possibly can, for we have each of us received far more than we can ever repay. The leaders of the medical profession vie with each other to see how much each one can discover and give to his co-workers; and the same spirit pervades the ranks of the profession, with only here and there an exception. I trust that you will not wish to be one of these exceptions. If you have formulated a treatment for asthma that is more than ordinarily successful, it is your duty (and you should esteem it a privilege) to give it to the medical profession as freely as it has given you all that you know about medicin. The columns of THE MEDICAL WORLD are open to you freely for such purpose. We do not wish to advertise your formula for sale to physicians. We have refused much of this kind of advertising. It would be to our financial interest to accept it. However, we esteem the general good of the profession above our financial interest.

Very truly, C. F. TAYLOR.

A Convenient Method of Modification of Cows' Milk at Home Without Apparatus; and Suggestions as to Care of Milk, Bottles and Nipples.

The researches of the last few years have proven indubitably that the pure fresh milk of the cow or goat, when properly modified, is the best artificial food for infants. The milk modifying laboratories of the city have more difficulties to overcome in the matters of supply and dispensing than would be encountered in the country where conditions surrounding freshness of supply, ease of dispensing, and sanitary conditions are so vastly different; yet in the country, neither the cost of the apparatus nor the demand admit of establishment of such laboratories. The fact that our grandmothers who were "raised on the bottle" did well on the milk "from one cow" does not alter the need of some simple method of home modification in these later days.

The following method is easily carried out by any intelligent person, and is approximately correct, and under the supervision of a physician who knows what he wants will furnish results equal to the more expensiv and elaborate products of the city laboratory.

Insist upon the cleanliness of the cows' udders, milkmaids' hands, and vessels; and remove milk to cooling room immediately so that no stable odors will be absorbed. Place vessel, with loosely fitting cover, in cool water till all the animal heat has disappeared. Prepare enuf for twenty-four hours' feeding. After cooling, the top milk is separated from the lower layers by "skimming," or preferably by siphoning thru a sterilized rubber tube; if the siphon be used, the tube is filled with milk and one end closed with the finger while the other is held above the level of the milk in the vessel; the end next the vessel is then placed close to bottom of vessel and the other end dropt below the level of bottom of vessel outside, both ends are released, and the milk will flow. Empty out two-thirds of the contents of the container and refill with sterlized or boiled water which has cooled, and the mixture will represent about 1.2 per cent proteids, 2.6 per cent of fat, and 1.5 per cent of sugar. Since the proteids now agree with those of human milk, it is only necessary to add milk sugar and fat to make an approximately correct mixture. The fat is 1.5 per cent deficient and the sugar 5.5 per cent.; add $1\frac{3}{4}$ ounces milk sugar to each quart, and four tablespoonfuls of good cream and a tablespoonful of lime-water. Dissolve the milk sugar in the limewater, with a little milk added before stirring in the other vessel. If only one-half of the milk be withdrawn from the original cooling vessel, the proteids may be estimated at 2 per cent, fat at 3 per cent, and sugar 2.2 per cent; in diluting the remainder add $2\frac{1}{2}$ ounces of milk sugar in blending with the top milk. The two-thirds withdrawal is adapted to the needs of the new born infant up to the

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age of five months; the one-half withdrawal suits those older. Even if all due precautions as to cleanliness have been taken, it is best to make "assurance doubly sure" by sterilizing the milk after it has been blended and stored in the feeding bottles. It is best to draw directly into the feeding bottles upon which nipples are to be fitted. Cork the necks of the bottles with steril surgeons' cotton and place bottles in a pan of water so that the water will be level with the milk in the bottles, and place on a fire so that temperature of 158°F. may be maintained for a few moments; remove pan from fire and cool as rapidly as possible, and then place bottles of milk in cold water (or preferably on ice or in a refrigerator) until required.

The most painstaking care with the milk is fruitless unless other details are attended to. The bottles and nipples must be kept "surgically clean." The nursing tube is no longer recognized among civilized practicians. Only the nipple and the bottle are used. We deem it necessary to go into minutiae on the matter of cleansing, since we have seen so many pretty babies leave a loving mother's arms forever because she did not keep his bottle clean, and his medical priest did not enforce, or was incapable of enforcing, a proper cleansing. The babe must learn to nurse regularly, and should never be permitted to keep the nursing nipple in his mouth for hours; and as soon as he is evidently satisfied, the bottle and nipple are taken away and washt thoroly. The nipple is scrubbed inside and outside with a tooth brush which has been boiled and kept in a saturated solution of boric acid, and then it is rinsed with clean water and dropt in a cup of saturated solution of boric acid, and it remains there until again needed, when it is rinsed in water which has been boiled, and it is ready for use. After the nipple has been cleansed and put in the solution, the bottle is attended to. This is washt with water containing soap, washing soda, common lead bird shot, or raw potato cut in cubes smaller than a pea, and well shaken until the glass is as clear as crystal; then rinse with boiled water, and place in a saturated solution of boric acid till needed. When required, empty the contents of a boiled bottle directly into the steril bottle and immediately attach the steril nipple and feed the babe.

Any bottle upon which the nipple can be fitted will do under this system. Half a dozen nipples of modern pattern and a sufficient number of bottles of any size or shape, a few feet of rubber tubing, a pound of powdered boric acid, and a clean pan, and fire, will complete an equipment which will yield as good results as any Rotch laboratory, in so far as life saving goes. We can refer to a physician of experience who has never lost a case of cholera infantum under this regime. It takes less time to do the work than to tell how. All the appliances are easily obtainable in any location, and the technique is plain. No great cost accrues. Let us beg our readers not to depend upon condenst milk, with its almost certain sequellae of malnutrition and rachitis: but to give the matter the study and attention it deserves. A rescued baby may develop into a patient, and a life saved is worth much to the state; and a satisfied conscience is worth more than a little trouble and a "bluffed" clientele. Proper feeding, intelligent therapeusis and well directed sanitation, with a modicum of common sense on the part of the doctor and nurse, will save many lives during the next few months, and we hope none of the WORLD readers will be found delinquent.

Headache.

Possibly no other symptom so often confronts the physician, and its monotony and its failure in itself to indicate clearly anything which would lead to a diagnosis, often tempts us to pass it over lightly or to ignore it entirely; yet, carefully investigated, it is not seldom proven to be a leading symptom. It is always a symptom and never a disease, but time would be wasted in attempting to convince the laity that there was no such "disease" as "sick headache." To the lay mind, any pain in the head is a headache; it may be from the pressure of a brain tumor or it may be from a carious tooth; but to them it is "headache." It is a symptom worthy of close investigation in every patient, for if we do not learn the origin of the pain, we are negligent of duty and slipshod in diagnosis, and may some day make a fatal mistake because we overlookt a simple headache.

Headache is commonly due to a disordered digestion, eye strain, a perverted condition of the blood, disturbed cerebral

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circulation, reflex irritation, "nervousness," or increast cerebral blood pressure from inflammatory exudate, deprest bone, or tumor, and when diagnosis is slurred over, or when we cannot ascertain the actual cause, there remains for us the shield of ignorance, the "idiopathic headache." Another way to classify headaches would be to place them under the acute and chronic headings, and then specify more minutely under each.

The organic headache is one of the most distressing and serious forms. We find it in the various forms of meningitis; in cerebral softening, abscess, tumor, or scar, in optic neuritis, in facial paralysis, and occasionally in syphilis when the presence of a tumor is not demonstrable either ante or post-mortem.

The acute functional headache is oftenest seen by the physician in a patient who complains of nothing but "just a headache, I'm all right every other way," and occasionally such patients are raving maniacs or subjects for the mortician inside a few hours. This form is noted in all varieties from simple discomfort to excruciating agony. It is found after prolonged bodily or mental fatigue, a sequela of a debauch, in constipation, in disturbed digestiv functions, in all kinds of fever, after exposure to sun, and as a result of toxemia or autointoxication.

The headache of cerebral anemia is noted in cases of general anemia, after excesses and prolonged mental strain or emotional excitement, in the neurasthenia consequent upon overwork on deficient rest and food, and is a common accompaniment of aortic stenosis. The patient describes the pain as a sensation of gnawing or intense pressure, but does not speak of a throbbing sensation, the hands and feet are cold, countenance pallid, mental faculties deprest, and vertigo or actual syncope is common. A horizontal position and inhalation of amyl nitrite quickly relieve the symptoms.

The reflex headache may be found to originate in any part of the organism, but is most commonly traced to eye strain, uterin disease or ovarian disorder, gastric or intestinal indigestion, or catarrh. The common site of reference is to the brow, and the pain is frequently associated with restlessness, wakefulness, and nausea or actual vomiting. The condition of the eyes always demands close investigation, and prolonged use of the eyes is not advisable even if no organic cause or error of refraction is found. The reflex headache of ovarian or uterin disease is ordinarily referred to the vertex, and relief is obtained temporarily by any weight or pressure. The reflex headache from gastro-intestinal irritation is generally characterized by intense nausea and vomiting, and this is probably the commonest cause of the ordinary "sick headache," so dear to the heart of the neurotic. One of the most annoying of reflex headaches is noted in nasal catarrh; this form is generally referred to vertex, temple, or brow, and is aggravated by exacerbations of the catarrh. It is often accompanied by tenderness of the inner wall of the orbit.

Toxemic headaches are more common than is generally supposed, and are due to the following causes: Autointoxication from defectiv elimination of waste products, as exemplified in gout, uremia of Bright's disease, rheumatism, etc., which form is generally intractable and accompanied by markt urinary changes. The headaches of acute and chronic alcoholism come under this class; the acute form being due to cerebral hyperemia, and the chronic form to a low grade of meningitis. Exposure to foul air, lead poison, diabetes, the infectious fevers, constipation, each produce a toxemic headache easily identified by associated symptoms.

Hysterical headache, or clavus, is common in neurotic females, and is apt to appear at menstrual periods or to be aggravated at such times. The favorit complaint is that there is a sensation as if a "nail were being driven into the top of the head." It is speedily relieved by diversion of thought or any form of pleasurable excitement.

In every complaint of headache, migraine should be excluded; in this complaint such prodromal symptoms as disturbed vision and pupillary alteration are the rule, and the pain is referred to one side of the head only, in nearly every instance.

The treatment of acute headache is generally simple, and satisfactory results follow soon after the action of a brisk purge, but a little close study will enable us to relieve our patient without waiting for the action of a cathartic. If the headache be due to excess of acid in the stomach, administer a mild emetic, and follow with strontium bromid and some such antacid as aromatic spirit of ammonia. If

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it be from acute alcoholism, give aromatic spirit of ammonia or any other alkali in generous dosage, and follow with a saline purge. Most acute headaches yield readily to a fifteen minute hot foot bath and ice to the head, but acetanilid frequently hastens results. Drop doses of aconite or one to three minim doses of fluid extract of gelsemium are of service in the severe cases. Salol, caffein, and acetanilid are excellent in the headaches of rheumatic and lithemic origin. The uremic headache is best treated by a rigid milk diet, saline purges, and such diuretics as infusion of digitalis, the vegetable salts of potassium, caffein, and sweet spirit of nitre.

Do not ignore the headache and treat other symptoms solely, for the other symptoms may be the adjuncts, instead of the headache.

Treatment of Skin Cancer Without Operativ Procedure.

It is strange that the removal of cancers without the use of the knife is left almost entirely to the realm of the quack. This state of affairs has come about because of the teaching of extremist surgeons who can see nothing beyond the point of their scalpel, and who insist that there can be no permanent removal except by operation. The hapless patient has learned by inquiry that many cancers removed by the knife recur in a more advanced state and a more virulent form than before operation, and generally declines to submit to the operation. The deluded physician supports the surgeon in withholding hope, and the fear-stricken patient drifts into the hands of the quack.

It is time that the profession learn that they can remove the great majority of cancers of all kinds without operation, and with less probability of recurrence than when the knife is employed. Not only the epithelioma, but also other forms of cancers yield to this treatment. It is easily applied by any competent physician, the cost is moderate, the fees which may be secured are large, the patients are more easily won to this method than to the operating table, and the application and after-treatment may be made in the patient's home or in the physician's office in a few moments.

Naturally, the earlier in the course of the disease we institute the treatment the better it will prove for the patient, just as in the plan of treatment by the knife. Patients generally apply for suspicious sores early, and may easily be induced to submit to a "plaster treatment" when the mention of knife or even curet would drive them away. Stelwagon asserts that the probability of recurrence is much lessened when the caustic method is used instead of the knife. The milder caustics are of no use; the stronger must be used, and with a bold hand, for more than superficial tissue is to be destroyed. Mild caustics in abundance and lavishly applied are worse than useless; strong caustics used timidly were better not applied. The favorit caustics have been proven to be the most desirable, and there are but three that have found favor at the hands of experienced men; named in order of their general acceptance we find arsenious acid, caustic potash and zinc chlorid. To the first and third Stelwagon is accustomed to add 5 to 10 per cent of salicylic acid in all cases where the skin surface is but slightly ulcerated. Where the cutaneous area is intact, caustic potash in 10 per cent strength is applied for a short time until the superficial layer of the epidermis is eroded, and it is then washt off before a caustic action has been made manifest. The arsenious acid has a selectiv action, in that it only attacks pathologic tissues when kept in contact a reasonable time, and never destroys healthy tissue unless the application is prolonged. Zinc chlorid destroys healthy and pathologic tissue alike, but acts more slowly on the former; it is generally combined with some such diluent as wheat flour, and the pain is lessened by a certain safe amount of cocain being blended in the paste: 5 to 20 per cent has been used.

The famous formula of Bougard is used by many practicians, and is commonly quite efficient. It is quoted as follows:

Wheat flour, Starch	of each 4 drams
Arsenious acid	4 grains
Cinnabar, Ammonium muriate	of each 20 grains
Corrosiv sublimate	2 grains
Zinc chlorid crystals	2 drams
Boiling water	6 drams

Dissolve the zinc chlorid in the hot water and blend the first six ingredients in another mixture, then incorporate the two mixtures with thoro rubbing. More water is generally required, which may be found in sufficient quantity in the aqueous solution of cocain commonly used by careful clinicians. The paste should be as stiff

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as may be conveniently spread on cloth or lint. A little larger plaster is applied than sufficient to cover the growth. The tissue destroyed is estimated at twice the thickness of the paste. Considerable inflammatory reaction follows within 24 hours, and if the result be deemed sufficient the plaster is removed entirely; but if the action has not been deep enuf the crust is gently scraped away and a new application is made. Poultices or ointments may be employed to remove the crust resulting from the first application of the paste, and this may take from one to three weeks.

Robinson has extensivly employed a paste made of equal parts of acacia and arsenious acid with enuf water to make it spread easily on cloth, paper or lint. Marsden has experimented extensivly, and uses two parts of the arsenious acid to one part of the acacia, but does not apply it to more than one square inch of skin surface at a time. Such a paste is allowed to remain 24 to 48 hours, and is then removed and followed by poultices or antiseptic ointments till the sluf comes off or the healing process appears. The moist antiseptic poultice generally brings the eschar away in five or ten days; the ointments act much slower. Excessiv absorption must always be carefully guarded against.

The danger line in the use of any of these caustics may be ascertained by reference to any standard work on therapeutics. All are safe in judicious hands. The ease of application, the effect on the patient, the rapidity of results, the chances of nonrecurrence, the great percentage of actual and permanent cures, the probable fees or reputation, and the professional satisfaction will well justify any practician in a thoro study of this method. We only add the caution that one must understand his method, and have his plan outlined; then push his treatment courageously and watch his case closely, and most cases will do well.

The Therapeutical Strabismus of Specialists and Old Practicians.

Most practicians have heard the utterance: "When I was young I had twenty remedies for every disease; now I am old, and I have twenty diseases which I treat with one remedy." It was time for that doctor to retire from practise. No two remedies act precisely the same any more than any two cases are ever seen which have the same symptoms. The elder Wood more wisely spoke when he said, "Show me the man who does not believe in medicin, and I will show you a man who does not know how to give medicin."

The specialist too often becomes biased toward his own branch to an extent that he neglects making a thoro examination. When he has made plain diagnosis of his favorit complaint, he assumes that to be the sole cause of all the symptoms. The Lancet quotes a case where bronchitis was found, but considering that "a diagnosis," they ignored the complaint of an aching pain in the left side of the chest which the patient mentioned several times. The patient died promptly, and the autopsy revealed an aneurysm of the descending aorta. It is no uncommon sight to observe a class of medical students examining patients in a skin clinic to overlook paralysis, deformed joints, fever, deranged digestion, etc., and this tendency grows as one grows older. We "want to find what is the matter with him" too much; and not enuf "what is the basic cause of this patient's condition?" Prof. Barton Cooke Hirst says: "No practician should ever establish himself as a specialist until after he has practised general medicin at least ten years." Unless guarded against, medicin tends to narrow a man; and the specialties more than the general practise. The old and establisht practician is prone to become careless regarding instruments, attire, office, and cases for medicins; he is likely to neglect keeping up with general and current literature of science; he probably subscribes for few medical journals and seldom peruses those he gets; his library is not only antiquated, but the books he does have are dusty; he has examined so many cases "just like this," that "*this*" gets a very cursory examination; when he has practist thirty years he cannot convince himself that the young specialist of five years' practise can teach him anything—his practise being establisht beyond dispute (?). And knowing that the tendency of most diseases is toward recovery, he uses indifferent medication and becomes a "worn-out old doctor." The specialist reads too little general medicin. We know of a certain famous gynecologist who is not competent to diagnose a case of measles when a fond mother occasionally asks him to look at one of the children "just while here." The man with glaucoma may also suffer from hepatic cirrhosis.

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The remedy lies in keeping our minds broadened by systematic study of the latest literature; in never suspending examination till every possible source of the trouble has been examined; and in remembering that the older we get, the more careless and fallible we become, since a doctor never becomes a machine, and medicin will probably never be an exact science.

Now That Baby!

With the coming of the summer months the bowel troubles of children are likely to make up, for a time, a large portion of the physician's practise. It is, of course, of far more importance to prevent these cases than to be able to cure them and it is a good augury for the future that the laity are beginning to understand the importance of cleanliness in and the intelligent feeding of infants. But it is too much to hope that we may be able to prevent such ailments entirely, though a persistent campaign of education may work wonders in reducing still further the death rate in the crowded tenement districts of large cities,

Certainly every mother must know by this time that breast-fed babies are not so likely to suffer from bowel troubles as the artificially fed; but many do not understand the role of tainted milk in the summer infections. It should be persistently and repeatedly pointed out to them that many children are *killed* by unclean and decomposing milk; that gastro-enteritis, diarrhea, and cholera infantum are usually due to *milk poisoning;* and that therefore no milk should be purchased which is not known to be obtained from a dairy where the most scrupulous cleanliness is exercised in its collection and distribution, and that no milk should be given to infants unless its purity and state of preservation are known to be perfect, while the vessels and utensils used in preparing and administering it should be as clean as hot water can make them.

It should also be pointed out to the mother that as soon as the child begins to show symptoms of indigestion or has a slight diarrhea the best treatment is to *stop feeding it.* It will not suffer for a day's abstinence from food. Boiled water may be given *ad lib.* and if the mother is concerned as to the nutrition of her child a little barley water or peptonoids will satisfy her and not injure the infant. If the diarrhea is already established in addition to the forced abstinence from food, and especially milk, cleaning out the intestinal tract with small doses of calomel, rectal irrigation and possibly some mild intestinal antiseptic, as bismuth, will usually put things to rights again unless the case has been unduly neglected. But the main thing is to prevent these diseases, and next to this to treat them early.—Editorial in Med. Standard.

Editor MEDICAL WORLD:—Inclosed find ten cents in stamps, for which please send me an extra copy of the July WORLD. I found that your remarks under "Virility" (page 281) applied very forcibly to a patient of mine, so I have sent it to him. D. M. CURRIER, Newport, N. H.

[We hope others will do the same.—ED.]

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only.* The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Phantom Pregnancy.

Editor MEDICAL WORLD:—In July WORLD, page 286, Dr. W. H. Brown gives a case that he calls phantom pregnancy, and closes by asking if any of the WORLD readers ever had such a case. Yes, in an experience of forty years I have had two or three similar cases, and no fetus in any, and all recovered from the deceptiv condition. There is a case now within two hundred yards of my house. I have not seen it, but have been told all the symptoms. I am no longer in practise, and visit no patients. The woman has been expecting confinement for the last six months, and two doctors have made visits to her. Apparently neither was aware of her actual condition. I have taken the liberty to send word to her by a neighboring woman, that she is not pregnant; that it is a case of phantom tumor. In all the cases I have been acquainted with, the menstruation has continued, somewhat irregular perhaps, but continued nevertheless. They always feel motions, and the breasts enlarge and milk is secreted. It is not difficult for an experienced physician to detect such cases. In my experience, this condition always occurs in women of highly wrought, nervous and sensitiv organizations. My treatment of such cases was by nervines, tonics and the bandage.

Cobden, Ills. A. M. DUBOIS, M.D.

Editor MEDICAL WORLD:—As Dr. W. H. Brown, of Rock Springs, I. T., asks for a parallel case to his "Phantom Pregnancy," on page 286, July WORLD, I will, with your permission, give him my experience with a similar case: In 1897 I had just located here, and being a new doctor in the community, all the old rheumatics, asthmatics, etc., fell to my lot, as is always

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the case with the new doctor, who will find himself besieged with all the incurables. I feel, however, that this is well ordered, as it very thoroly tests his ability and puts him where he should be: either in a lucrativ practise or on the move. In May, 1897, I was informed that a lady who lived about six miles away was thought to be pregnant, and had been for thirteen months. Her physicians (2) and friends were becoming very much alarmed at this strange phenomenon. I was sent for, and upon arrival found my patient in fine health, and to all outward appearances pregnant. She was 38 years old, weight about 160 pounds, and about 5 feet 10 inches tall; had been married twenty-four years; had never been pregnant, tho this was her chief desire. Had always enjoyed reasonable health, as also her husband. About thirteen months previous her menses suddenly ceast, and this fact was communicated to her most intimate female friends who, of course, told her that she was "caught." In due time morning sickness came on. Her physician was consulted, the usual remedies tried, with markt success. She was told to be very quiet. She was congratulated, far and near, by all her acquaintances. Everybody was glad. She was joked and jollied, petted and humored; she was cooled in summer and warmed in winter; she was rockt and fanned and fed on the fat of the land, in order that she should go to *full term*, for everybody loved "Aunt Dollie and Uncle Sam," as they were familiarly called. So she continued to grow; her abdomen was well rounded out, but no pouting of the navel. Breasts were filled with what she termed milk, but proved to be only a very thin, watery substance. The movements of the supposed child were at times very painful, and could be and had been felt by laying the hand upon the walls of the abdomen. I found all the organs of the genitalia normal. Imagine my predicament. Pseudocyesis unmistakable on one hand, and a new man in a new place on the other. So I informed the family and friends that a grave mistake had been made, either by myself or her former physicians; and to settle the matter I desired to have my old friend and colleague, Dr. V., meet me in the case; also the former physicians, who, however, refused to attend. Upon the arrival of Dr. V. we prepared the patient and proceeded to anesthetize her. No sooner was she under the influence of the anesthetic than down went the tumefaction as flat as could be, to the chagrin of all concerned. The patient was put on a tonic course of treatment, but a long siege of malarial fever followed in a few weeks, which came near proving fatal. Since this, however, she has enjoyed her usual health, and the well prepared wardrobe was distributed among real live babies.

Petteway, Tex. J. G. POWELL, M.D.

Editor MEDICAL WORLD:—I also wish to report a case similar to the case that Doctor W. H. Brown reported, on page 286, "Imaginary Pregnancy."

About twelve years ago there came a widow lady, age 42 years, from Illinois and settled in our city. Mother of three children. Within six months she married an old widower much older than herself. He was not a father of any children by his first wife. As he was well fixt in this world's goods he was very anxious to have an heir. In due course of time her menses stopt. Of course they took it for granted that she was pregnant. They both felt pleased over the prospect of an heir. In due course of time she was sure that she felt motion, and she actually lookt as tho she was pregnant, as women often do at the cessation of menstruation. So they dated her time for confinement from her last menstruation, and prepared everything for that great event; and several of the boys chipt in and bought a fine baby buggy with a view of making a present to the new arrival.

I do not think that they consulted any doctor during her supposed gestation. When her nine months had expired everything was put in order, with a good old mother for an attendant. The writer being the oldest M.D. in town, he was called in haste. They living only a few blocks from my office, I was soon at the bedside. When I reacht the bedside I found everything ready, and the lady was sure enuf (apparently) in labor, and had hard pains every five minutes, and the pains seemed to be real labor pains, in the last stage of labor, the patient bearing down her pains well. Her lady attendant told me to hurry, as the child would soon be here. I put myself in shape and made an examination per vaginam, and made it carefully; but to my great surprise, I found an unimpregnated uterus! I then made examination of her abdomen, but failed

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to find any child. I then had her stand up against the wall, and I practised ballottement; I also used the stethoscope, but found no fetal heart beat. The womb was normal for a woman of her age.

I told the patient, her husband and the lady attendant that she was not pregnant, and never would be; that her enlargement was only from change of life; and that she should quit bearing down those pains; that there was nothing to expel; and that her pregnancy was all imagination; and for her to get up, dress herself and get supper.

Now, Mr. Editor, that shows us plainly that the mind rules the body, and that imagination is a great deceiver. THE MEDICAL WORLD is next to the Bible.

Kansas. A. J. M., M.D.

Phantom Pregnancy.—Two Little Fingers on Each Hand.

Editor MEDICAL WORLD:—In July WORLD Dr. W. H. Brown, of Rush Springs, I. T., reports a case of phantom pregnancy, and asks if any one has had a parallel case. My case did not end as well as his.

In September, 1889, a couple married. There was a fair sized estate on one side, and both were anxious for an heir. About February, 1890, it was talkt in the neighborhood that the heir was on the road. About April I was engaged for the case, which would come off in June. The husband was delighted and talkt about "my boy," while the wife awaited with pleasure the confinement. She gradually enlarged, both abdomen and breasts, and the menstruation had stopt. About the 15th to the 20th of June the husband one day told me not to get very far from home as his wife was having some pains. I did not see him again for several days and was told that the pains had stopt. On the 27th of June he consulted me again. I told him that I would go to see her. I found her abdomen as large as at full term and breasts large and distended. Upon examination you can imagin my surprise to find a virgin uterus. I said, "there is no child here." They would not believe me, for she "had felt it move time and again." I was sent for again on the 30th, only to confirm my opinion.

Here is the worst part of the case: The man was so disappointed that the next day he got on a big drunk, which he kept on for about ten days, when he died from the effects of the whiskey. After his death the lady had two other physicians to examin her with me and the diagnosis was confirmed. She gradually returned to her normal size in a few weeks.

Here is another family freak: In April, 1886, I delivered a woman of her first child, and since then she has had two others, each one having two little fingers on each hand. I clipt the extras off with scissors. The mother said that her mother had six children, and all of them had two little fingers on each hand.

Mt. Sterling, Ky. J. F. JONES, M.D.

Eat Less Meat.—Apomorphin for Hysteria.—Phantom Pregnancy.—Exophthalmic Goiter.

Editor MEDICAL WORLD:—Let me say that you hit the nail on the head in Dr. Hamilton's case, on page 304, July WORLD. One more stroke would have driven the nail up. Let the Doctor and all his patients avoid eating meats, except small quantities of beef or fowl, and that must be perfectly chewed. I find that some good, ripe fruit is good to keep the bowels activ in such cases.

You can say to Dr. Burkford that I relieved a similar case to his case No. 2, on page 301, by giving a hypo. of ½ gr. apomorphin, and making an appointment to give the same thing every day until she was relieved. She was up the second day, and came to my office the third.

I had a similar case to Dr. Brown's phantom pregnancy (page 286), and was called to the confinement, the doctor who had been treating the case not having time to remain, saying that it would be a difficult case, as he could feel the hand presenting. I found no pregnancy at all, but an ovarian cyst, which, by the use of pressure and alterativs, such as potas. iod., echafalta, and grindella robusta, she has entirely recovered.

I have treated three cases of exophthalmic goiter successfully with the following remedies: Potas. iod. in doses 5 to 15 grs.; echinacea, dose 5 to 20 gtts.; lycopus virg., dose 3 to 5 gtts. Give the medicin every four to six hours, as indicated. Used tr. veratrum to control the heart's action. After trying a number of local applications I stopt all but echafalta. I had to stop the potas. iod. in one, and used ¼ gr. calomel and soda tablets in one. Have another case on hand which is progressing nicely.

F. G. THOMASON, M.D.

Kissimmee, Fla.

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The Doctor as a Moral Teacher.

Editor MEDICAL WORLD:—I do not write from an extensiv experience in the treatment of venereal diseases. It has not fallen to my lot to treat many venereal cases. But I have treated a few, and have read reasonably closely all articles and treatises on venereal diseases, gonorrhea especially, that I have had opportunity to read during the past twelve years. From what I have seen and largely from what I have read upon the subject, I have become imprest that it must fall largely upon the doctors to help reform the world in regard to the social evil that is rendering the lives of so many innocent and unsuspecting, unhappy and miserable.

It occurs to me that either thru a system of public lectures or thru the press, the world at large should be informed of the woeful consequences of illicit sexual indulgence. Either there should be some wise physician connected with every large daily and weekly paper to warn the young and innocent of the awful results, or else physicians in every town and city should be connected with the public schools, where they could give lectures and warnings to the young in regard to the evil and far reaching consequences of impure and unlawful sexual indulgence. They should be taught the blessings and happiness of a virtuous life. There might be a physician or two appointed in each county where the counties are small and no large cities, whose duty it would be to visit the schools and lecture the boys especially on the subject. Of course cities could have their own regulations. Such a procedure might cut down the fees of some physicians, but what would that amount to, compared with the good that would be accomplisht? "An ounce of prevention is worth a pound of cure" is a true proverb relativ to venereal diseases. Venereal diseases are the curse of our armies, and the sin that is blighting more lives and destroying the peace and happiness of more homes than anything else to day.

The ministry is a failure on that line. A reformation is needed, and I believe it will have to come thru the doctors. Let us hear from the Editor and WORLD readers upon this momentous question.

ALEXANDER S. GARRETT, M.D.

Springtown, Texas.

[True, "the ministry is a failure on that line;" naturally, because clergymen do not know much about that subject, and they are not usually expected to. Doctors are better fitted than any other class to teach and warn along this line. But the subject is one that cannot be discust freely in public, particularly to young and tender minds, without running the risk of doing more harm than good. A few men may be able to handle such a subject in public plainly, yet delicately, but they are very few. This work can be done better in private than in public, and instead of placing this duty upon two or three physicians in each county, *every* physician should consider himself or herself specially appointed to do this holy and always needed work, for the passions of the young and vigorous will always surge, as they always have. However, as bad as we doctors know the world to be, each century, and almost each decade, shows a distinct up-lift in moral tone, barring wars, which are always demoralizing (we rarely consider the *moral* cost of a war) But we should not relax our efforts because the world is getting better. The improvement is because of such efforts in the past, and now that it has come our turn we should not shirk. Some time during the school or college life of every boy, he should be taken thru the venereal wards of some large hospital. This will do him more good than hundreds of sermons.—ED.]

Is "Malarial" Hematuria a Disease of Malarial Origin?

Editor MEDICAL WORLD:—There is no disease of more interest and importance to the physicians practising in the districts where it prevails than malarial hematuria, socalled, and there is no one disease in which physicians' ideas of treatment so widely differ. Those who follow the original methods still insist that the use of quinin or other cinchona alkaloid is our main reliance; others who have been unsuccessful in treating the disease with the ordinary sulfate of quinin, etc., have discarded them and substitute the muriate, hydrobromate, bisulfate, etc. Others, again, regard any and all preparations of this drug not only devoid of curativ effects, but as absolutely dangerous, and hold them responsible for the large mortality that once followed the disease. Why is it that this difference prevails? And why is it that aside from quinin so few physicians follow any one particular line of treatment?

To my mind the reason is not far to

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seek. The trouble has been that we have all been wrong as to its etiology; that instead of it being a malarial disease, or a condition resulting from malarial intoxication, it is a hemoglobinuria resulting from the administration of quinin, and its imperfect elimination, and retention in the circulating fluid. It is not a true hemorrhage; the socalled hemorrhage does not clot. As I understand it, the eliminativ organs being unable to carry the drug out of the system, its retention causes it to become a poison; and either the powerful but ineffectual efforts the system makes to get rid of it, or from being a foreign substance and a poison it causes a dissolution or breaking down of the red blood corpuscles, and the coloring matter (hemoglobin) passes out with the urin, resulting in a true hemoglobinuria.

In my opinion the condition, as a rule, is a result of the improper administration of the drug. It is given in either too large doses, at improper times, or its use is not preceded or accompanied by sufficient doses of calomel or other purgativ to relieve the engorged, inactiv condition of the liver and other eliminativ organs, to prepare them to carry the drug out of the system in a physiological manner.

In a practise of twenty-five years in the swamps of Arkansas and among the hummocks of Florida, during which time I suppose I have treated as many cases of the disease as falls to the lot of most men, I cannot recall a single case that I have ever known that did not occur while the patient was under the influence of quinin, etc.; and so far as my inquiries have extended, the experience of other physicians I have met has been similar to my own. Again, almost every one who has passed thru one attack of malarial hematuria has a return of the characteristic urin whenever quinin is taken, especially if its use has not been preceded by calomel. I suppose every physician practising in districts where this trouble is prevalent has patients who could never take quinin on this account. The hematuria (we call it) appears in such cases about the time we would expect the quinin to be fully absorbed, and continues until one would suppose it was all eliminated

If I have been correctly informed, the disease first appeared in that section of the south where large doses of quinin were first used. In the northern states physicians do not use the large doses southern physicians do. Doctors in New York told me that they found 12 grains sufficient to control ordinary intermittents; and, so far as I have ever heard, malarial hematuria is unknown, we might say, north of the Mason and Dixon line. While I was in St. Louis, in 1879, Dr. John S. Moore, at that time the oldest professor of practise in the United States, was delivering a rather extended course of lectures to the class of the Missouri Medical College. Toward its close, as he had not spoken of this disease, I askt him if he had ever seen a case of it. He replied that he had not, and that all he knew about it was what had been told him by the physicians and students from the southern states.

I have known of two cases treated by the most famous physicians of New York for yellow fever, from the descriptions of which I am sure any doctor accustomed to dealing with malarial hematuria would have pronounced that and not yellow fever. The first was a merchant from Galveston, Texas, who had gone there to buy his fall stock. He was taken sick and sent to Bellevue Hospital, where he was treated for yellow fever and died. At the time there was not a case of yellow fever in the United States. The man had been having chills.

The other was the late Prof. Richard Proctor, who visited New York soon after yellow fever appeared in Jacksonville, Fla. He was sick on his arrival and, from the urin, his case was diagnosed yellow fever, and he was rusht out of his hotel thru a blinding storm to a hospital. I saw him three days before he started to New York, and as he lived only three miles from me, I felt sure he had not been exposed to yellow fever, but had lived in what, in a malarial sense, we call a sickly place, and that his system was under its influence; besides, from the description of his case in the daily papers and from what I was able to learn otherwise, I feel sure his was another case of mistaken diagnosis at the hands of some of the most deservedly prominent teachers of practise in that city.

I believe both of these cases ought to have recovered in the hands of an ordinary country doctor who understood the treatment of malarial hematuria. However, whether the difference in dosage of quinin is the correct explanation of this disease not prevailing there, I cannot say.

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Another peculiarity of the disease is, so far as I know, it never attacks a full-blooded negro.

To my mind, the difference in the results obtained in the treatment of the disease, whether with or without quinin, is one of the strongest arguments in favor of its being of quinin and not of malarial origin. I believe that all those physicians who have had most to do with its treatment during the past twenty years will agree that the mortality now is hardly to be compared with what it was when the quinin treatment was universally followed. I believe that all ordinary cases will recover if measures are taken to get the drug out of the system and sustaining measures are used until nature can again put the patient on his feet. I have not lost a case of malarial hematuria since I abandoned the use of quinin in its treatment twenty-two years ago, and know others who have had equal success. I do not say this boastingly, nor do I claim I could have cured the cases others have lost, because I have known cases to die in the hands of physicians whom I consider in every way my superiors, and who, I feel sure, did all that any one could do to save them. We have what seems a malignant type of the disease where the patient succumbs in the first eighteen to thirty-six hours. I think in these cases the damage at the onset is irreparable, and the system is left in such a condition that, do what we may, we fail to get the materies morbi, the quinin, out of the system. Again, there are complications that render recovery doubtful; pregnancy is one of these, and abortion and miscarriage are very apt to take place.

But in the ordinary uncomplicated cases, I believe the inherent tendency of the disease is toward recovery; and if we begin treatment with full purgativ doses of calomel to relieve the engorged condition of the liver and other glandular organs so they can go to work and rid the system of the poison, recovery is the rule. One other organ that needs attention from the first is the heart. Many of the fatal cases die from socalled heart failure. The recumbent position should be enjoined and the patient not allowed to arise, even to answer the calls of nature. The heart muscle partakes of the general weakness of the whole muscular system, and the blood in its poisoned condition fails to furnish it the natural stimulus. Digitalis, belladonna, strychnin, etc., find a place here. I give my patients spirits turpentine if the stomach bears it; not for its diuretic effects, but because I believe it acts in some way as a hemostatic, and to some extent checks the breaking down of the blood corpuscles. Next above all things, do not produce nausea with medicins. This should be especially avoided. I do not consider diuretics indicated. We generally find that the patient voids more urin than normally, and stimulation might produce suppression. Ergot has no place in the treatment. It is a nasty, nauseous dose, liable to upset the stomach, and when we remember that it is not a hemorrhage of the kidney we are treating, we see no reason for its use.

I do not usually look for a second chill unless quinin has been given, and where I think there is any danger of it I give a dose of morphin and atropin hypodermically an hour or two before the time of its expected arrival. I also rely upon the morphin and atropin to allay the intolerable, restless, nervous condition these patients sometimes go into. The morphin does not seem to interfere with, or in any way retard, the action of the calomel. Of course I do not regard what I have said as to treatment as sufficient to cover any one case, but I desire to refer to what I regard as the most important points. I have never used the hyposulfite of soda, etc., that many rely upon, because, as I have said, I do not think antiperiodics of any kind indicated. We are not treating a periodic disease, like malaria, but the effects of an antiperiodic already in the system, but which from the crippled condition of the organs of elimination cannot be expelled.

While I think I have sufficient evidence to justify me in these conclusions, I am tied to no hobby, but am always ready to change an opinion that evidence shows to be untenable. If I am wrong in this matter, I want to be set right; but if I am right, I want to help others toward the truth. It is only by agitation and discussion that we arrive at and disseminate a truth. I have been told that Professor Koch asserted in an article three years ago that this disease resulted from the use of quinin, but do not know whether it be true.

Would it be asking too much of those of the WORLD family who have been familiar with and treated this disease for years, to

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write me their conclusions upon the following questions, so that in a subsequent issue of THE WORLD we may have the consensus of their experience and practise? All will be treated alike, and be given due space and credit, no matter what their conclusions may be, so they give us facts. This is a duty we owe to each other and the profession at large—more especially to the young members just entering practise:

1. About how many cases have occurred in your practise?

2. What has been the percentage of fatal cases?

3. Have you found that patients were attackt while taking quinin? Have you found that after the urin had cleared up the hematuria was apt to return if, for any reason, the use of quinin was resumed?

4. Do you find that patients who have had the disease are apt to have a return of the hematuria afterward if they take quinin?

5. Have you found that the use of calomel, etc., had been neglected, where patients were taking quinin when attackt? Do you use quinin in your treatment? If so, in what way and with what other measures?

6 If you reject quinin, what remedies do you find most valuable? Outline your treatment. B. P. WILSON, M.D.

Reddick, Fla.

[In connection with the above, read the "eye-opening" article on "Sunlight and Malaria," in the Current Medical Thought Department of this issue.

Some years ago we publisht an article that advocated very free sweating by means of the hot pack, as one of the chief measures in the treatment, the theory being that this would not only relieve the kidneys, but also rapidly eliminate the malarial poison from the system. It may be that the virtue of this measure is in rapidly eliminating the *quinin* from the system.—ED.]

Another Pin Worm Remedy.

Editor MEDICAL WORLD: — Dr. J. J. Miller seems to be very much bothered with pin worms (July WORLD, page 292), and can get no remedy that will certainly relieve him of the terrible pests. If the Doctor will mix 30 grs. of powdered leptandrin in a pint of hot water and inject into the rectum twice a week, and take 1-12 gr. of the same powder in a capsule four times a day until the bowels get to moving too freely, then lengthen the time between the doses to three times a day for two weeks, he will be perfectly well, or at least rid of pin worms. Serve children with treatment in the same way, only in proportion to age. Success to THE WORLD.

Earlboro, Okla. A. SAMPSON, M.D.

Still Another.

Editor MEDICAL WORLD: — The last issue of the (ever welcome) MEDICAL WORLD contains another item about pin worms, and I am again tempted to give a method of destroying the pests that is effectual: Thoroly cleanse the bowels of them by enemas, oft repeated, then *destroy the eggs* by anointing the lower bowel as far up as the fingers can reach with fresh unsalted *lard*. Eat only plain wholesome food and there will probably be an end of the trouble. T.

Eczema.—Pruritus Vulvae.

Editor MEDICAL WORLD:—Dr. "W. B.," Nebraska (page 308, July WORLD), also "Texas" (page 305) inquires for a remedy for eczema. I have a sure cure, and I can prove it by hundreds of testimonials which have come to me without any solicitation. (I am 59 years of age and have been practising 30 years.) It will not fail if persisted in:

Ointment.

Hydrarg. chlor. mite
Plumbi acetatis pulv. ..... āā ʒij
Adeps ..... ʒij

Thoroly rub together and apply once or twice a day.

Internally, Fowler's solution 10 drops in a wine glass of water after each meal for adult till swelling of the eyelids occurs—children in proportion.

I have had one case and only one, which is an exact counterpart to that of Dr. Burford (page 300). My case had the same trouble in three separate confinements. Usually it occurs after the menopause, but I have had many cases occur before. During my early practise I was terribly annoyed because I could not cure it. Let the family try this and report:

Corrosiv sublimate with ammon. chlor. tablets (Wampole's) ..... ij
Water ..... 1 pint

Which makes a solution 1 to 500—twice the strength usually employed.

Sig.—Bathe the parts in this and pass a tampon of cotton up the vagina each night saturated with same.

Maine. STETSON.

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The X-ray for Diagnosis.

Editor MEDICAL WORLD:—Would suggest, in Dr. Kinzer's case of troublesome foot (page 308 of July WORLD), that if he has not done so already, to submit the same to examination by the x-ray, taking a radiophotograph of same. It might show an encysted needle. I know this was the case in a similar troublesome instance, the fact being establisht by the means suggested. A. M. STAFFORD.

Monterey, Cal.

On the Use of Forceps.

Editor MEDICAL WORLD:—In discussing the merits of forceps in June WORLD, page 231, Dr. J. H. Phillips, of Milner, Ga., says: "When I have uterin inertia, I first use quinin, and if I can't get the desired effect, I apply forceps and relieve patient of unnecessary suffering."

Without commenting on or condemning the doctor's course, I will tell him how I do. When I have uterin inertia, I take sixty grains of patience, forty grains of coolness, and dissolve in one ounce of level-headedness. I swallow this *myself*. If the inertia has not begun to "let up" in a reasonable time, I give the *patient* five grains of quinin (in capsule), and instill into her aural canal a few drops of pluck, patience and submissivness, flavored with a little silence. I then "rest on my oars" a while. If the inertia is still on hand at the end of an hour or so, I administer ten drops tinct. nux. While I have been watching and waiting on the above "remedies," I have been using friction over the womb, and sweeping my finger's tip around (inside) the mouth of the womb, in the hope of exciting contractions. I don't forget to "rest on my oars" occasionally. If the inertia still "will not down," I give another dose of quinin and tinct. nux, using friction over womb as before, I then rest a while. I keep on doing "this way" till the older children spring up in bed and begin to yell: "What's that?" "What's that?" At the proper time they are informed that it is a little brother or sister, that the doctor has brought them.

I don't know whether to attribute my good luck to the "remedies" I use, or to "resting on my oars" so much. I have been weeping, Rachel like, for eighteen long years because I could not report a case of craniotomy, or forceps' delivery, to some medical journal. I have always believed I could do either, for I learned to rob a bee-gum when but a boy. While I have not kept a record of my labor cases, I know they go into the hundreds. I have never used the forceps a single time in my life. I have never lost a woman during child-birth, or from the effects of child-birth. When I fail to hand a living child over to the nurse, the *hide* generally "slips." I would not be understood as "shaking my 'gory' locks" at those who use forceps so frequently. I have either been so unfortunate as not to meet a case wherein they were indispensable, or "the Lord has tempered the wind to the shorn lamb." I have had but one case of *complete* rupture of the perineum, but that boy's head and shoulders would have ruptured a rain-bow, or a Democratic caucus. It is a thing greatly to be deplored that doctors cannot nestle more closely on the use of the forceps. For instance, Dr. Walter J. Cree, of Detroit, Mich., claims to have used the forceps 88 times in 451 labors (Med. Council, May), while Dr. J. R. Smith, of Stoneville, N. C., used them but 5 times in 1,700 labors (May MEDICAL WORLD). I will dismiss the forceps and their use, by putting the question to the medical profession which Paul put to some of his brethren: "What shall we say, then?"

Hohenlinden, Miss. A. C. GORE.

Vaccination. Reply to Dr. Larison.

Editor MEDICAL WORLD:—I have just read with a good deal of interest, Dr. C. W. Larison's paper in the July WORLD (pages 297 to 299) in regard to the "loathsome," "filthy" and "dangerous" practise of vaccination, which only proves to me how the experiences of physicians differ. I have practist medicin for thirty-five years, and I have done my share of vaccination. During the last four years I have been the health officer of a city of four thousand inhabitants, during which time we have had an epidemic of smallpox, with at least seventy-five cases, some of them quite severe. Almost every unvaccinated person has been vaccinated, including the students of two colleges located in the town, and I have yet to learn of a serious result from vaccination, either in my practise or in that of my brothers in the profession.

The case of the New York lad whose sickness and death the Doctor so graphically describes, and claims to be due to

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vaccination, was sad indeed; but there are a good many things I would need to know before I should attribute the results to vaccination. The boy's parents might have had much more to do in transmitting a taint which made the disease and the result possible, than a thoroly antiseptic point loaded with aseptic vaccine virus. I should need to know also if antiseptic precautions were used by the person vaccinating the boy. Why should the Doctor attribute the boy's train of symptoms and final death to the vaccine virus when the same symptoms and results so frequently occur from the scratch of a pin or the prick of a needle? A couple of cases to the point have occurred in our town within a year. Last February a lady in our city accidentally ran a needle into her hand; within twenty-four hours the hand and arm commenced to swell and pain her very much. She consulted a physician. The glands enlarged, abscesses formed, the arm was enormously swollen, gangrene set in, amputation became necessary, and the patient, in about two months, died. A similar case occurred from the scratch of a pin a year ago. In this case the patient did not die, but the use of the hand was partially lost. Now these patients had not been vaccinated, at least not for ten years, but if they had just been vaccinated—what then?

WM. GREAVES, M.D.

Northfield, Minn.

Spina Bifida.—Success of Vaccination.

Editor MEDICAL WORLD:—During the last few years it has been my misfortune to have four cases of spina bifida. Three died inside of three weeks; the other died after operation at four months, for which I was rather grateful than otherwise. But what I wish to call attention to is that they were all born breech first. I would like to ask if spina bifida is more common generally when the fetus is lying breech downward in utero than when it occupies the normal position with head downward, or was my experience only a coincidence? The cleft in each case was in the lumbosacral region, and we might suppose that the weight of the spinal fluid mechanically interfered with the closing of the spinal canal at its most dependent portion.

I wish to say a word about the article, "Opposition to Vaccination," by Dr. C. W. Larison, page 297, July WORLD. In brief, my experience is diametrically opposed to Dr. Larison's in every particular. In thirty years' practise I have vaccinated several thousands. Have seen *no* permanent bad effect. If Dr. Larison has treated ninety-one cases of genuin *unprotected* smallpox with *three* deaths ($3\frac{3}{10}$ per cent), they have been more fortunate than we in this locality. Our health records show that about 20 to 25 per cent of such cases die, and we do not consider that our Milwaukee doctors are so much worse than others. But even so, what about those *three cases?* I have not known of a *single death* from smallpox among the thousands I have *successfully vaccinated.*

If a patient is a little more than usually sick from the effects of vaccination, I treat him as I would any one presenting similar symptoms from any other cause. Vaccination is essentially a suppurativ fever, and may call (from a homeopathic standpoint) for a few doses of belladonna, hepar sulf., merc., or silicea; or if the sore is a little tardy in healing, a single touching of the granulations with nitrate of silver may hasten the cure.

Milwaukee, Wis. JOSEPH LEWIS, M.D.

"A Subscriber" sends a short account of a rather interesting case on a postal card, but as he failed to send his real name (not necessarily for publication, but as a guaranty of good faith), we cannot publish same until his name is received.

A Few Points on Tuberculosis.

Editor MEDICAL WORLD:—A large percentage of the supposed eating cancers are tuberculous ulcers.

The worst source from which tuberculosis is contracted is by inhaling dust impregnated with tuberculous bacilli. This partly accounts for the lungs being so common a point of invasion. In order to restrict contagion in this way, every consumptiv should be provided with a cup in which to expectorate, and the contents should be burned. A cheap cup made of strong waterproof paper is convenient for this purpose, for then the cup and all can be burned.

A room occupied by a consumptiv should be well supplied with air and sunshine, contain as little furniture as compatible with comfort and convenience, and the room and its contents should be kept scrupulously clean. I believe that there should be paid health officers whose duty it would be to visit houses occupied

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by consumptivs and supervise the hygienic conditions.

Climate has cured thousands of cases. I first would recommend New Mexico, next Colorado, and next South Carolina. But in order to receive benefit, patients should go to a hospital or sanitarium, where they will be trained how to live. Then when they return home, they should continue the same manner of living as near as possible.

It is claimed that human and bovine tuberculosis are not identical. It occurs to me that bovine tuberculosis might be *antidotal* to human tuberculosis, just as cowpox is antidotal to (or a preventiv of) smallpox. I merely make the suggestion, hoping that it will be considered.

Livermore, Ky. R. L. FORD.

Urticaria.—Poison Oak.—A Pleasant Sedativ.—A Satisfactory Carminativ.

Editor MEDICAL WORLD:—For the benefit of Dr. Pons, of Roxbury, et al. (pages 248-249 June WORLD), the following treatment has proven satisfactory in several cases of urticaria, which resisted all other treatment:

℞

Fl. ext. hydrastis.....dr. iv
Sodii bicarb.....oz. xvj

Mix. Use sufficient in a bath (basin) of warm water to make a solution. say oz. j to Oij; bathe the parts thoroly; let dry and apply the following ointment:

℞

Menthol.....scr. j
Chloral-camph.....dr. iv
Pulv. acacia.....dr. ij
Petrolatum.....q.s. ad. oz. ij

Mix. Apply after the wash.

In addition I use constitutional treatment as indicated; always maintain free diuresis, and give hydrarg. chlor. mite followed by a saline; use the saline in small doses, afterward at regular intervals. The most common causes here are shell fish, berries (I think) and change of climate for those who travel.

To Dr. Grant, of Fair Oaks (page 250 June WORLD), I would suggest the following:

℞

Ammon. mur.....dr. ij
Plumbi acet.....dr. j
Kali iod.....dr. j
Hyd. chlor. cor.....gr. iv
Aq. dest.....q.s. ad. oz. viij

or,

℞

Plumb. acet.....
Zinc ox.....āā dr. ij
Aq. calcis.....q.s. oz. vj

Both good.

Briefly referring to the three cases of Dr. Furlong (page 249) I notice that he gave acetanilid and phenacetin and morphin for pain. Preferably I use Dover's powder combined with potass. nitras and get the effect of both phenacetin and morphin without the depressing influence of either.

Carminativ mixture suitable from infancy to old age:

℞

Spt. am. arom.....dr. ij
Spt. aeth. comp.....dr. ij
Spt. menth. pip.....dr. j
Spt. lav. comp.....dr. ij
Tr. capsici.....dr. ss
Tr. camph.....dr. ij
Tr. opii deod.....dr. j
Pulv. rhu. et mag.....dr. ij
Aq. chloroformi.....dr. j
Aq. fennel.....q.s. ad. oz. iv

This is usually diluted, dr. j to dr. iv of water and sugar added. Give of this as required. In infancy it produces sleep and a free evacuation of the bowels. I have used the above for some time past. Given properly, it is at all times satisfactory.

T. J. CROWLEY, M.D.

San Francisco, Cal.

Autoinfection.

Editor MEDICAL WORLD:—In July WORLD, page 304, Dr. Hamilton asks advice on treatment for his case. The Editor does not think it a liver trouble; with that I agree. He says that it is an autoinfection, and that is most likely correct. Yes, and he (Dr. H.) probably eats too much of meats, gravies, Irish potatoes, sweet milk, etc. He should eat fruits and laxativ vegetables, and drink plenty of water before breakfast and between meals; also use salines for awhile, and take a six ounce mixture of the following:

℞

Tinct. gentian comp. } .....āā ℥iij
Taraxacum fl. ext. }
Merc. bichlor.....gr. ss

M. Sig.—Teaspoonful thrice daily before meals until tongue cleans.

It will do it if not coated from local causes. Other drugs may be used, such as the sulfocarbolates, in generous doses, from 10 to 40 grains daily, dissolved in hot water.

While these suggestions are on the same line with the Editor's, I wish to emphasize the use of salines, sulfocarbolates, abundant water drinking, diet and simple bitters.

JAS. W. ETHERIDGE, M.D.

Reverie, Tenn.

[That's right, Doctor, join in on comments on these cases whether you agree

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with us or not. We wish all the "family" to feel perfectly free to do this.—ED.]

Answers to Cases in the Quiz Department.

Editor MEDICAL WORLD:—Having been an interested reader of the "Quiz" department for some time, and having made diagnosis something of a special study, I have thought many times of answering some of the Brethren's queries; but as the Editor is usually so free and quick to respond to calls for help, I have held back, thinking that when the Editor "speaks" the case has reacht the "Supreme Court." But as in the multitude of counsel there is wisdom, I decided this month to offer my mite. Some of the cases seem to be easily diagnosed, where the symptoms are explicit enuf. Dr. Lundy, of Schofield, Mo. (page 302, July WORLD), asks diagnosis of a case. The lady undoubtedly has "torpid liver." My opinion of the cause of the tightness of the chest (dyspnea) is sympathetic; the real cause is indigestion and torpid liver. The rheumatic pains are caused by the acid of the bile in the circulation. Examin her diet as to *quantity;* get her out of doors; cut down her eating if excessiv.

The case of Dr. Starr (page 304) is a little obscure. Judging from the symptoms given, I would diagnose it intestinal indigestion, or intestinal catarrh; and the burning of the soles of the feet would indicate some disease of the liver. If the trouble is intestinal, clean out the bowels with salines; if the liver is torpid—which it is—give podophyllin ¼ gr., leptandrin ½ gr.; or leptandrin ½ gr., dandelion 1 gr. —the latter preferred; strychnin arseniate, gr. $\frac{1}{1\frac{1}{1}}$, two granules t.i.d., after meals; aletrin gr. ⅛ gr., golden seal ⅛ gr., one granule of each every four hours during the day. Have her eat according to the amount of exercise she takes. She does not need much food, but what she does eat should be nourishing and easily digested. Strychnin in large doses is too stimulating; small doses for tonic effect I think is better. This case was better after February for the simple reason that her appetite was poor from November to February, and her stomach had a rest. If the tuberculosis is on her side of the family, alterativs would be good after the stomach improves.

Dr. Hamilton, of Colmesneil, Tex. (same page), will not get well until he gets his liver in healthy action (excuse me, Mr. Editor, if I disagree with you about the Doctor forgetting his liver). Clean out the bowels with salines and eat anything that agrees with you; drop coffee and tea, and drink buttermilk, cocoa, or sweet milk if it agrees with you and does not make you bilious; for your liver, take one of the above pills, as, leptandrin ½ gr., dandelion 1 gr.; make one pill; dose, one t.i.d., and keep it up for some time. Doctor, let me say again, eat light.

In Dr. Neeley's case (page 306), the whole trouble is from poor digestion which has put her entire system out of order, losing flesh because there is no healthy blood made to build up the system. The trouble with the kidneys is bile in the circulation; the result is, she has catarrh of the bowels.

I have read over a number of times the communication of Dr. Venable, of Price's Mill, Ky. (page 307), and I think it was some trouble with the spleen, the urin having been loaded with albumin for one thing. If he had examined the blood, my opinion is he would have found a deficiency of fibrin and red corpuscles and an increase of white corpuscles. H. M. CHISHOLM.

Bloomington, Ill.

[We wish to say again to all, don't let the fact that we have answered a quiz deter you from having your say, if you think you can say anything helpful about the case. If you should not entirely agree with our view of the case, don't let that fact deter you; we are not "touchy." The fact that you take a different view of any case is a reason why you should speak up; for truth, and the successful curing of cases, is our object.

Doctor, "acid of the bile in the circulation" has a strange sound to us. What is your authority for this view of pathology, and this kind of an expression? The bile is an alkalin fluid. It is possible that it may be broken up in the blood, and thus cause uricacidemia; but that is, at present, only a vague supposition. Please be a little more explicit in your expressions, or less positiv in your statements. Again: "The trouble with the kidneys is bile in the circulation; the result is, she also has catarrh of the stomach." We do not understand your reasoning. What authorities are your chief guide in pathology and diagnosis? Won't you write us an article on the relationship between spleen disease and albumin in the urin?—ED.]

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Five Cases of Typhoid Fever.

Editor MEDICAL WORLD:—As the season for typhoid fever is again approaching, a few words on this dreadful disease, together with a report of my experience with typhoid in one particular family last summer and autumn, will perhaps not be out of place. That typhoid fever is a germ disease is now disputed by none, but just where these germs come from and how they are produced, is often a problem not easy of solution. The general supposition is that the disease is produced by the use of impure water, and in a majority of the cases, no doubt this is true; but what produces the germs in the water is yet a mystery awaiting the solution of some follower of Esculapius. Quite often an outbreak of typhoid can be traced to the use of impure water drained from a place where the discharges from a typhoid patient have been improperly thrown; but this cannot always be done, by any means.

The water used by the family of whom I am going to speak was very impure; indeed, it could not have been otherwise, as it was taken from a stagnant pool, and after being hauled and poured into a cistern, was used by the family for cooking and drinking purposes. The pool from which the water was taken was almost a mile from a house where a family had suffered with typhoid two years previously, but the germs certainly could not have come from this source, as the pool stood quite a distance above the drains that washt from the infected region. With the exception of this one family, there had been no typhoid in the immediate neighborhood for many years. The question is, Where did the germs come from that infected this pool of water? Or was the family infected by this water at all?

The family consisted of five: a man and wife and their three boys. On July 29, 1901, I was called to see the woman, who had been sick three days previous to my visit, and found her with a temperature of 104°, pulse 110, a slightly coated tongue, and but little headache. There was no tympanites, nor was I at any time during this woman's long sickness able to detect the slightest swelling of the bowels. Her tongue remained comparativly clean and moist during her entire sickness, and never at any time presented the appearance of a typical typhoid tongue. On the third day after my first visit to see the woman, I was requested to examin one of the boys, eight years old. I found him with a temperature of 105.5°, pulse 140, a heavily coated dry tongue, and bowels greatly tympanitic. On my visit to the lady, the day previous, I had especially noticed this boy and remarkt on his healthy looking condition, but in less than twenty-four hours a typical case of typhoid fever had developt. In each of the two cases mentioned the temperature had reacht its highest point in a short time, instead of assuming the step-like process from day to day, as our books tell us the temperature in typhoid so often does.

But now a change comes in the beginning of this disease with the other members of the family. The next to be attackt is another son, six years of age. The disease developt more gradually, and the boy was well in eighteen days, there being no unfavorable symptoms in this case at all.

About three weeks from the time the disease first appeared in the family, the oldest son, aged ten, was attackt. The disease developt slowly in this case, the temperature not reaching its acme for about twenty-one days. There was but little tympanites during the sickness of this boy, and he was, thruout, troubled with constipation. During the entire sickness of his family the husband and father was the constant nurse, but he, too, was finally attackt by the disease, which lasted twenty one days. The temperature in his case, however, never advanced beyond 100.5°, and he kept up his constant nursing without being a single day confined to his bed.

Of the man and two youngest sons I shall have nothing more to say, as their cases presented no unusual symptoms other than those already referred to; but in the cases of the woman and oldest son there were many unusual symptoms, of which I shall mention a few. As I have already said, there was no distention of the bowels in the woman's case, and her tongue, most of the time, was moist and but slightly coated. She did nicely until about the twenty-seventh day. Her temperature had declined to almost normal and her appetite had returned, but just as our hopes had begun to dispel fears, her temperature shot upward and her pulse became quick, small and thready. I suspicioned that solid food had been given, but could find out nothing definitly. This

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rise in temperature happened for the third time in the course of three weeks, and following the third rise came two severe hemorrhages, after which the temperature became subnormal, the pulse almost imperceptible, and the patient was in almost a collapst condition. With the exception of the two days of subnormal temperature following the hemorrhages, this woman had a continuous fever of 135 days. It afterward developt that a sympathizing relativ had, at various times, fed the patient solid food, which accounted for the several relapses and hemorrhages, but she finally recovered in spite of all this and is today enjoying splendid health.

The oldest son had a more protracted case than his mother, his fever lasting for 150 days. Many times during this long and tedious fever his life seemed to hang in the balance, but he, too, finally recovered and is now hale and hearty. At about the fifth week of his sickness he had a severe hemorrhage from the bowels, which was followed in the course of forty-eight hours by three more of moderate severity. The boy was soon reduced to a semi-comatose condition; he lay lifeless on his cot with not a particle of color in his face, and at times could be aroused for nourishment and medicin only by pouring cold water on his face. After the hemorrhages from the bowel were checkt, nose bleeding set up which could not be checkt for several hours. There was also hemorrhage of the stomach, as shown by vomited material, and hemorrhage beneath the skin, as shown by petechial spots almost over the entire body. With all this loss of blood, the boy's temperature never became subnormal, nor did his pulse ever become alarmingly weak. The hemorrhages from the bowel in this case also were perhaps brought on by the feeding of solid food, contrary to orders, altho there seemed to be a tendency to hemorrhage in all the mucous membranes.

As to the treatment of these cases I shall say but little. In the three milder cases the temperature was reduced by the sponge bath, liquid nourishment given, and salol and sodium salicylate administered as bowel antiseptics. But in the other two cases, almost every antiseptic known to the medical profession was used, seemingly with but little if any good results. Three physicians were called in consultation; and as usual, all had their different pet antiseptics, which were tried, but failed to check the disease. We used tr. iodin, carbolic acid, salol, salicylate of soda, listerine, and sulfocarbolate of zinc; but still the fever went on uninterruptedly, and the patients grew weaker day by day. Calomel was also administered in small doses about twice weekly, and seemingly with good results, for the patients would always look brighter after its use, and the temperature would drop one or two degrees. The temperature in these cases was kept below 102° by the sponge bath and an occasional dose of acetanilid comp. Such cases as these two are almost enuf to make one sceptical of the antiseptic treatment of typhoid, or, in fact, any treatment other than the bath for reducing temperature, a proper liquid diet, and the proper treatment of symptoms as they arise in the course of the disease.

WILL P. BRADLEY, M.D.

Palo Pinto, Mo.

[At first we were inclined, by the early symptoms of the first two cases, to doubt the diagnosis of typhoid; but subsequent developments confirm the Doctor's diagnosis. Yet we are inclined to think that there was a paludal poison in the water used, in addition to the typhoid germs, and that this poison complicated the cases, particularly the first two cases, in which the onset was sudden, and the rise of temperature rapid. Such a "siege" must try one's patience, and, as the Doctor intimates, increase one's confidence in the *vis medicatrix naturae*, aided by skillful nursing, careful feeding, sponging to modify the temperature, and meeting symptoms as they arise—in short, the "expectant" plan of treatment—as opposed to radical medication, with the expectation of decided results. Here, "patience was a virtue," truly.—ED.]

Doctors' Investments.

Editor MEDICAL WORLD:—I have been reading with much interest the articles in your journal on financial investments for physicians, but I fail to see where any of our brother physicians tell us in what investment they have been most successful. They all appear to fear investing in oil stocks, mining stocks, etc. If any reader of THE WORLD has ever prospered, permanently, by speculating, I would like to hear from him. I am willing to give my experience for a commencement. A great many M.D.s make the too common error of making investments to help out the town

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or country, and I desire to say you can't discontinue that course any too soon; for the more you try to improve the town or vicinity the less practise, money and friends you will have, and the more cursing and abuse you will get.

In order to help out the country I once took stock in a local mining company. In fact I helpt to organize it and was its first and last president. I lost all I put into it, and the people are not thru cursing me yet. The next thing in which I lent my aid and assistance was in organizing a manufacturing establishment, and I did this just to help out the country. The company consisted of five of our best citizens, and before we got our plant completed some of the stockholders began to get scared and wanted to sell out. In order to keep the thing going, one other and I bought the others out, and we went on and completed our plant. We had just gotten our institution running when my partner decided he wanted to "get rich quick" and joined a mining company, and I bought him out—so I had an elephant on my hands. I saw I couldn't practise medicin and run my manufacturing establishment, but I held the thing up until I had an opportunity to sell out and I let it go—just did save myself, financially. I was president of this manufacturing company also.

The above experiences taught me a valuable lesson in my young days. I have been practising medicin only thirteen years, and have stopt trying to "get rich quick," but have settled down to practising medicin. And now I ask the readers of THE WORLD not to do as I did, but do as I am now doing: I loan my money at 8 per cent interest, and I haven't any trouble in keeping it all loaned at that rate; when I have an opportunity to make a good loan, if I have not sufficient money on hands to make it, I borrow from my bank and pay the bank as I collect in my accounts, notes, etc. By this method I keep all my money loaned all the time. After a man has practised medicin in a country for a number of years he is pretty well acquainted with the financial condition of the people, which enables him to make safe loans. The interest I collect amounts to almost as much as my practise, so I am now having much smoother sailing than when I was spending my time and money trying to help the country out.

The other day I took time to calculate what $500 loaned for thirty years at 8 per cent would amount to. If a young physician when he commences to practise medicin, say at the age of 25, will loan out of his professional earnings $500 each year for thirty years, he will have $61,000. In that length of time he will have loaned out of his professional earnings $15,000, and will have collected $46,000 interest. Can any man make a safer and better investment? I have decided that my occupation shall be practising medicin and loaning money. I may also state that up to the present time I have never made an unsafe loan.

Some may say that the above is an impossibility; but while it is not probable that any M.D. has or ever will do it, it is not impossible. Ask the farmer who farms his own land, or rents it, if it pays him 8 per cent, and he will tell you it does not pay 5 per cent; ask the man who owns a large stock ranch what interest he realizes on his investment, and he will tell you not over 5 per cent; and you may go on and take up every avocation of life and you will find not 1 per cent of them pay a net profit of 8 per cent. Some one may say you will never help develop the country by adopting such a system as this; but I shall never undertake so great a task again as trying to develop my town or country. I prefer to loan the other fellow the money and allow him to do the work. My advice to all young physicians is to let questionable enterprises alone and steer your little financial boat clear of all such organizations as mining, oil, and telephone companies, that make people rich quickly.

I hardly agree with the physician who said that M.D.s have always been classed as the most gullible class of people. He forgets the poor old farmer who was persuaded to buy a stump puller when he didn't have a stump on his farm, and lived fifty miles from timber. But I have seen physicians make investments when they didn't have any more use for them than they had for an automobile in an African jungle.

I read all the articles on investments for physicians with much interest, and would like to have some of them give us the side line.

G. B. DORRELL.

Republic, Mo.

[The above article was nicely written with a typewriter and accompanied by a private letter asking us to consign it to the waste basket, if not good enuf to pub-

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lish. We wish to say that it is not only good enuf to publish, but it is an article that will be worth more in dollars to the readers of this magazine than perhaps any other that appears in this issue. Doctors do, in their profession, far more than their fair share for charity and for the public good without recompense. So when it comes to the management of the money that actually comes to them from practise, they should learn to use discretion. Save money while you can, and don't try to get rich quickly with it thru speculation, for that will lead to loss sooner or later. Put it in good, solid first mortgages on real estate in your own community, at about one-half the assest value, and at the prevailing rate of interest in your community. Then when a financial panic comes, with its poor collections and lots of charity work, you will be "solid"—you will be collecting interest instead of paying interest; and if there is any foreclosing done, it will not be done on your property; any sacrificing that has to be done need not be done by you. You will be in a position to bridge over bad collections for awhile. Why should not doctors be the "long-headed" members of the community?—ED.]

Dear DOCTOR TAYLOR:—In commenting on a brief article from my pen relating to financial investments for medical men that appeared on page 274 of the July WORLD, you ask if I have prospered by investing in oil stock, mining stock, patents, or any speculativ "securities." In reply, I will say that I have prospered by *not* investing in these classes of "securities."

The oil and the mining business, even when ably and honestly managed, are uncertain; for oil wells suddenly stop flowing, and mines as suddenly refuse to yield their hitherto rich returns. There are some good patent investments, but they are not the kind usually offered the doctor.

I have never made what is generally considered a purely speculativ investment. With "margins" I never had anything to do. There are two very good reasons why the average doctor should not engage in this business; the first is that he is more likely to lose money than to make it, and the second reason, and the most important, consists in the fact that such exciting business tends to impair the judgment and the other faculties of the mind so as to reduce the chance of business and professional success in life.

My own investments have been in farm mortgages, especially in the growing states of the west, and in the stocks and bonds of companies that I have personally investigated. If any wish to know the names of these companies, I will tell, if requested, by mail.

I. A. LOVELAND, M.D.

Gilsum, N. H.

Editor MEDICAL WORLD:—I have been reading with considerable interest the various articles publisht in THE MEDICAL WORLD on "Doctors' Investments," and am glad to know that some one has the courage to denounce the rapaciousness of the many so called "financiers." While I can earnestly endorse your suggestion to seek the advice of men whose business it is to look after investments, and the motive that prompts it, it occurs to me that you have not given enuf consideration to the common sense element that is inherent in every man; and that, when properly applied, will enable its owner to accomplish quite as much for himself as any one else can be expected to. Doctors, as a rule, are no poorer financiers or business men than any other class of business men, and are quite as capable of handling their own investments as any "good lawyer" or banker, provided they will use a little common sense in their dealing, and not try to shift the responsibility on some one else. Personally I know any number of doctors who have made themselves independently rich by careful investments in real estate and stock securities, the entire handling of which was done by themselves, and I am sure that others can do the same. While good mortgage securities are generally to be had at all times, it sometimes happens that the doctor has a few hundred dollars on hand at the bank just at a time when nothing of this character is to be had, and a speculativ scheme coming to his notice at the opportune moment, he is tempted beyond resistance, and his money goes to swell the bank account of the promoter. I say this advisedly, for, while there are any number of fraudulent stock companies offering shares for sale to the public, there are some legitimate companies whose stock is a good investment, and will make large profits for those who have been fortunate enuf to

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get the stock at a reasonable price. No legitimate company having valuable property is compelled to place its stock in the hands of a "fiscal agent" for sale, nor does it need to spend good money for advertising when it can be put to better purpose in improving its property. It is the inability of the general public to distinguish the bad from the good that causes all the losses in speculation. That there are good speculations I know, and might cite some dealings that I have been able to make thru favorable opportunities that do not fall to the lot of the average doctor. While I have a number of conservativ investments represented by first mortgages on farm property amounting up into five figures, I count among my best investments my holdings in mining companies doing business in Colorado. Most of these were obtained thru a personal friend whose occupation was that of prospector and miner. With him I became associated in a mining proposition when Cripple Creek was first discovered. This property we sold some two years after for $40,000 in cash, and today it is one of the best paying mines in the district. Another investment in the same field is one that is now worth above $5.00 per share for $1.00 stock. I could go over a number of just such opportunities that are open to those who know how and where to look for them; but as I said, these good legitimate propositions are not advertised broadcast, so the average man never hears of them, nor can he find them unless it be thru some friend doing business along these lines.

In conclusion, let me offer as advice to the doctor having money to invest: Make your own investments, not forgetting to use a little good common sense in the transaction. Don't speculate under any circumstances, unless you have a little money you can use without missing it. Beware of the "fiscal agent," and all propositions promising large dividends while still offering stock for a few cents on the dollar. Any company capable of paying dividends has stock worth par or well above it. There are good investments with a limited amount of chance involved, and if you want to see your money grow faster than mortgage securities or government bonds will make it, look up one of these legitimate mining companies. If you are able to find one, you will in all probability find the people saying nothing but just "sawing wood," offering nothing to their stockholders but an honest expenditure of the money received in the development of the property. If you find they have the property and are pushing development work, you can rest assured that you will profit by the investment if any one does, and it is reasonably certain the promoters would not be spending their own money if they did not feel reasonably certain that they would make a good strike before they get thru. There is no investment that makes profits so rapidly as a good mining investment when properly placed. All investment companies are not bad because a large part of them are, but the good ones are seldom heard of, while the bad ones are always with us. H. J. BELL, M.D.

St. Paul, Minn.

[If the above is read with care, the average doctor will see how remote his chances are for making money thru the investments so copiously offered, and so persistently urged upon his attention. Unless you happen to have some specially favorable connections, as intimated in the above article (and few doctors have such unusual connections), better let speculation alone, and stick to the practise of medicin, and take good care of the money you can make at your profession. Mining is a serious business. Many men spend their lives at it and then die poor. As for the real "snaps," many hungry seekers or professional investors are usually on the ground ready to take them up. Then how can the average doctor hope to win in such a game. He can bite at the bait that is offered to him if he wants to, but a thousand to one, that means absolute loss of every cent that he puts in.—ED.]

God bless THE WORLD and its noble work for the credulous M.D.s of our Nation. We are flooded with such papers as I enclose from every vile skunk. Had I not spent many years in practise in the far West, and since 1875 have seen such gold-mining schemes puffed and blown up high by designers to sell "wild cat" or salted claims, I might be tempted to send them some of my hard-earned money, every dollar of which is worth 100 cents to me. Long live THE WORLD.

Atlanta, Ga. C. R. KING, M.D.

[Inclosed was a large envelope which had been sent to the Doctor, and it con-

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tained two circular letters printed in imitation of type-writer. One letter was the usual size—11 inches long; the other, as we unfolded it, showed astonishing length. We guessed that it was fully a yard long; actual measurement showed 34½ inches—only 1½ inches less than a yard. Then, to our astonishment, we found it to be printed on both sides. We took time to only glance at it here and there, and found it to be "booming" everywhere we read; for example: "Buy it now while you can get it at 5 cents per share. In a few days this stock advances to $1 per share, which is today its true value without a question, without a doubt. You can put your last dollar in it and feel perfectly safe. We like to see the poor man buy —— ——" etc. * * * "Friends of our boyhood days are buying this stock; old friends of our fathers are buying —— ——" * * * "The fifty dollar and eighty dollar nuggets have just arrived," etc. This letter would make a credulous and eager "greenhorn" dizzy. He would part with his last dollar, and then dream of the vast wealth that would soon be his. He would neglect his practise to dream and talk of his "certain" wealth, and finally find himself in poverty and in the "slough of despond." Isn't this wicked business? But there will always be sharks as long as there are "suckers." This is the kind of stuff that is sent out to doctors! Is it possible that any are foolish enuf to "bite"? —ED.]

Editor MEDICAL WORLD:—The article in the April WORLD entitled "Physicians and Finances" was a masterly written article, and showed that the writer had "been there" and knew what he was talking about. Every physician in the United States ought to read the article once every six months; and if he heeds advice he will not go amiss with his investments. I sent the journal to two or three of my medical friends with the request that they return it after careful reading as I wish to keep it for reference. Keep up the good work in each month of THE WORLD, for of all the men in business the physician needs drilling in respect to how and where to place his money for an income from it, for him and his dependent ones when "the rainy days" come. Every doctor should make as much of a study where to place his money that he earns so that it will bring him something in the future, as he does to earn it. I know a goodly number of physicians who labor diligently night and day, with almost no vacations whatever, and who are sober and saving, and have taken in a great deal of money, but who were easily led by promises of large incomes from some "fake investment," and put their money in it, and in something just as bad the next year, and today are poor men, still struggling to get a few more dollars to invest in some other scheme. I have made as much money out of my careful investments as I have out of my business; and I did it by following just such a course as is given in the April WORLD; so I know from experience that what THE WORLD says is "Gospel truth." Long live THE WORLD, and don't forget to give the medical brethren a good "allopathic" dose of common sense often on how to handle their extra pennies.

JAMES A. RICHMOND, M.D.
Black Hawk, Colo.

The Unreasonableness of Homeopathy.

Editor MEDICAL WORLD:—Dr. Chapman deserves the gratitude of the medical profession for his article in the July WORLD, page 297, because he has given us the "fundamental tenet"—the working hypothesis of the homeopathic school. The directness with which he has gone to the heart of his subject—the "point at issue"—is admirable. He has divested it of all extraneous, immaterial and irrelevant matter. According to the Doctor, this fundamental tenet is that "God has planted within every atom of this universe tremendous sources that are developt or liberated" by attenuation or dilution. This reduced to its simplest terms equals: *Force is developt by attenuation;* and with this hypothesis homeopathy must stand or fall. That dilution or attenuation develops or liberates the forces of anything is an assumption contrary to all the known laws of nature. If that theory be true it upsets all the physical sciences and all human experience. In trying to demonstrate it the microscope, spectroscope, chemical reagents and all other scientific tests are admitted to be useless because no trace of the substance experimented with can be detected. The science of chemistry is founded on the indivisability of the ultimate atom, and hence it follows that in the greater part of such dilutions not an atom remains and certainly could

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not be detected. Not only are all the physical sciences against such an assumption, but all the usual methods of reasoning are ruled out. We cannot apply the rules of logic because "the utter foolishness of the thing upon its face is fully acknowledged." Deductions from any known facts are virtually admitted to lead to other conclusions. There is a natural reason why the homeopathic idea has attracted more than its share of ridicule. That it should is in accord with the laws of nature. Ridicule, when it truthfully reduces a proposition to the absurd, is a legitimate process and can be used with effect only when a thing is inherently preposterous—when its fallacies are apparent to all. The only possible argument that can be advanced in support of the theory that *attenuation develops force* is the crude one of "can't you take my experience!" The fact that thousands of homeopathic physicians believe their idea of drug potentiation to be a demonstration is offset by the other fact that tens of thousands of other physicians after years of observation believe it to be a delusion. With the "experience" argument you can "prove" that the most absurd, incongruous and contradictory cults are all eternally right. It is the argument of the mystic impostor and the neurotic occultist. It is the argument that "proves" the mysterious "potency" of the hind foot of a graveyard rabbit killed in the dark of the moon. Thousands will testify to such "potency." For one, I must beg to be excused from this banquet of "lac sac," on the ground that it is a waste of time and energy to "prove" theories that do violence to every concept and precept of mental and physical science.

Dows, Iowa. J. A. MULNIX, M.D.

Depilation by Electricity.—Trituration and Latent Energy.

Editor MEDICAL WORLD:—Your recent editorial on depilatories seems to me to convey to your readers an inadequate idea of the value of electrolysis in the removal of superfluous hair. The chief drawback alleged against the operation is the pain attending it, and the writer would give one the impression that this is always severe and unavoidable. It seems to me that this position is entirely unwarranted by the facts. The operation need not be attended in the ordinary individual by more than a slight discomfort; less than the average woman undergoes, for instance, during a gynecological treatment. And by taking extra pains, the discomfort reaches a minimum. There are two secrets to success in this work: employ low voltage currents, and in sensitiv people use local anesthesia. As to the first, the voltage of the current should be just high enuf to overcome the resistance of the tissues, and no higher, and this resistance can be lessened by moistening the sponge electrode with warm bicarbonate of soda solution, and by applying the sponge as near to the area where you are to remove the hairs as possible. Under these conditions you can obtain the three or four milliamperes necessary to do the electrolytic work with a very low voltage current, and the sensation will be slight. With regard to the second point, if for four or five minutes before the electrolysis is commenced, the operator will spread upon the hairy area a pledget of cotton saturated with a four or five per cent solution of cocain, and press upon this the moistened positiv sponge electrode, while the negativ sponge is held upon a near-by area, and let a current of five or six milliamperes pass, he will be able to remove the hairs with practically no sensation.

While I am writing, may I dwell upon another subject? Dr. Chapman has challenged your readers to experiment with the thirtieth potency. The majority of us cannot understand how, by reducing the quantity of the dose, its strength is maintained, much less increast. The homeopath attributes it to the trituration or succussion, but the medicinal virtues of these mechanical processes are not obvious. Some recent studies on the subject by Dr. Percy Wilde, of Bath, England, set forth in article entitled "Energy in Its Relation to Drugs and Drug Action," may offer some light. Dr. Wilde deduces from a series of illustrations in natural science the following six laws of energy: 1. The act of chemical combination involves neither loss nor gain in weight. 2. When two substances enter into combination, energy is set free. 3. Addition of energy or its loss does not influence the weight of matter. 4. Weight can only be used as a measure of energy in respect to quantities of the same substance in precisely the same physical state. 5. Only the available, not the existent, energy can be considered in relation to mechanical work. 6. The chemical activity of a drug is not

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the measure of the amount of energy it contains, but of the amount of energy required to set free this energy.

As an illustration of this last law he says that a small quantity of powdered crude limestone is inert when we swallow it. The same quantity put into a bottle with a little dilute muriatic acid and corkt, produces energy enuf to blow the cork out. The acid sets free the latent energy of the molecules of the limestone, whereas the protoplasmic cells of the human body cannot set it free. But trituration and dilution so powerfully dissociate the molecules of many substances that our protoplasmic cells are powerfully affected by the energy set free by contact or imbibition. In the case of saline solutions it has been shown that their electric conductivity is a guide to their energy, being exactly proportional to the number of free "ions" (electrified sub-molecules) each solution contains.

Dr. Wilde triturated down one part of indigo with 99 parts of glass by weight. The triturate was a homogeneous blue powder, which was insoluble and inseparable in sp. vin. rectif., altho some of the indigo colored the tincture. By carrying the triturations of glass and indigo up to 1–100,000 (corresponding to the homeopathic 5x), Dr. Wilde found it possible to dissolve the powder in alcohol, the solution being of an emerald green color. Here the energy added to the latent triturate increast the cohesiv power of the indigo and glass particles so greatly that solution even of the glass became possible. Again, Dr. Wilde made the 1–10,000 trituration of glass and anilin violet, which is a substance very soluble in water. This pale violet colored trituration was actually insoluble in water—20 grains in two-thirds of a pint of water remaining absolutely undissolved after three months. Thus the energy of the anilin was lockt up by its increast power of cohesion to the particles of glass. These experiments are straightforward enuf, and so simple that we can all repeat them. If our results are like those of Dr. Wilde, we shall have to be a little more patient with the theories of the homeopath, shall we not?

Hartford, Conn. HILLS COLE, M.D.

Remember that results are nil when diphtheritic antitoxin is used in the presence of a mixt infection. Combine it with the antistreptococcic serum.

Reflections.

Editor MEDICAL WORLD:—When a person accidentally takes a substance which makes him sick, it is called poisoning. When a physician prescribes for a patient a drug with the intention of producing certain effects peculiar to the drug, the usage of years calls it not poisoning, but medical treatment.

According to this usage the difference between these two cases is merely whether the substance or drug was taken unintentionally or intentionally. Is such a distinction rational or scientific?

When a well person is made sick, or new symptoms produced in a sick one by taking a substance or drug, it is poisoning, and this is the only proper and right name for the condition. It can make no difference whether the disturbance of the system is slight or severe; whether the drug is taken intentionally or unintentionally; whether the body was well or already afflicted with a disease; whether the drug was administered for a good purpose or otherwise. It is all the same—it is poisoning.

Therefore a treatment which causes by means of drugs new symptoms, peculiar to the drugs, is a treatment with intended poisoning.

Is it rational or scientific to cause in a body, already sick, new poisonous symptoms, thereby adding another burden? Would it not be likely to complicate the disease and make it worse in the long run, even if temporarily an apparent benefit is gained? Would it not be rational and much better for the patient to give him a drug in such doses as to cause an improvement without producing symptoms peculiar to the drug? A medical treatment without poisoning would be an ideal medical treatment.

Some sixty years ago there was in Germany a strong reaction from the old time-honored treatment with massiv doses of mixt medicins. Some leading physicians questioned whether this old way was not more injurious than beneficial. They commenced giving less and less medicins, and finally none at all, merely a harmless emulsion in order to satisfy the patient. There arose at that time a hot controversy about tart. emet., venesection and expectativ treatment in the treatment of pneumonia. It was finally decided to solve the question by experiment. In the great hospital in Vienna 300 cases of

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pneumonia were successivly selected and divided into three classes as nearly alike in severity as was possible; 100 were venesected and had no medicin, 100 received tart. emet., and 100 a harmless emulsion, *i. e.*, expectativ treatment. The best results by far were obtained in the last class.

Soon after, I studied successivly in the hospitals of Leipzig, Prague, and Vienna, and saw medicin given very rarely, merely a harmless emulsion, in order that "the patient had something to take." The distinguisht professors were well satisfied with the result, and hosts of physicians have followed ever since this expectativ dietetic treatment.

The Johns Hopkins Hospital has lately adopted the plan of treating typhoid fever without the use of drugs, and with better results than were obtained by other methods.

Whenever the Editor of this journal has requested physicians to publish their experiences in a given disease, and also in the "test case," not two of the twenty or more physicians were of the same mind. Out of twenty different prescriptions only one can be right.

Is it possible that educated men can call such a loose, random condition of the therapeutics rational—scientific?

There are many who cry out against such therapeutics, and substantially the same protest is found in all medical journals, the MEDICAL WORLD included. For instance, the article "Where Am I At," by Dr. A. L. Cope.

There are prejudices to-day thousands of years old; they are precious, time-honored.

Let us discard such notions and theories and accept only facts, altho unexplainable; yea, seemingly incredible.

If any one had prophesied the wonders of spectral analysis, wireless telegraphy, x-rays, etc., fifty years ago, he would have been considered a lunatic; and nobody today would accept these facts if they were not proved. Volumes could be filled with equally marvelous facts from chemistry, physics and other natural sciences.

Sapienti sat. Search, investigate!

Roseburg, Ore. F. G. OEHME, M.D.

[Doctor, you express your theories so nicely that they seem very plausible. But hard-working and hard-headed country doctors come in contact with hard facts every day, that they must meet efficiently. For example, a patient who is constipated should have something to relieve that condition. A dose of salts or castor oil will do it, and benefit the patient very much. But the same dose will injure a well person, because he does not need it. Because a dose of oil or salts will injure a well person, must we conclude that it will injure, and only injure (not benefit) any person in any condition whatever? The writer of these lines believes that far too much medicin has been given in the past, and that many doctors now give too much medicin, and neglect the simplest rules of dietetics, hygiene, etc., in the management of their patients. But these facts do not justify the condemnation of all efficient medication.—ED.]

Hot Flushes of Menopause.

Editor MEDICAL WORLD:—I have read with interest the various prescriptions publisht in the last two or three numbers of THE WORLD for the hot flushes incident to the climacteric. Without the slightest desire to indulge in unfriendly criticism, still I am impelled to call attention to the fact that each old school physician who has prescribed for the condition under consideration differs from all other prescribers. The reason for this is found in the fact that they are not guided by law or rule. There is but one rational treatment for this condition—or any other—and that is to prescribe the drug which has in its pathogenesis the symptom picture found in a given case. After thirty years' experience as a practician of homeopathy, I can look back over my professional life without being able to recall a single instance where the flushes of the menopause did not yield to homeopathic treatment. Without further remark I will proceed to give the indications for some of the remedies that I have found useful in this condition.

Amyl nitrite. Face flushes at slightest emotion, especially if accompanied by more or less of palpitation, or tumultuous cardiac action.

Glonoin. Determination of blood to the brain. Frequent daily attacks of flushes with pressure in the head. There may be vertigo and nausea, and even insensibility may occur. A peculiar mental symptom is usually present, which is inability to go upon the street alone; gets confused and lost; the way seems too long.

Lachesis. This remedy comes as near

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being a specific for climacteric flushes as anything known in medicin. But it is *not* a specific because it is not always indicated by the symptoms. The lachesis case usually has uterin congestion, prolapsus and a metrorrhagic history. Flushes by day and chills by night. Burning in top of head. The two chief indications for this drug are:

1. Worse after sleep; always awakens feeling aggravation of all symptoms.

2. Intolerance of pressure. She cannot bear the least tightness of clothing about neck, waist or uterin region.

Sepia. Usually there is uterin congestion with prolapsus; is obliged to sit with limbs crost, feeling as if the whole contents of the pelvis would extrude per vaginam. Flushes of heat from least motion, extending from the pelvis to head, accompanied by anxiety and faintness, followed by general perspiration. Sense of weakness and tendency to faint. Gone sensation in stomach which is relieved by eating. Great sadness and weeping. Dreads being alone. Indifference to even her dearest friends. Indolence; does not wish to make the least exertion of body or mind. Coldness of the vertex, with headache of bursting character, relieved by walking rapidly about the room. Constipated bowels, stools knotty, in balls, insufficient, difficult; sense of weight or ball in rectum, not relieved by stool. Severe pain in rectum during stool and continuing long after.

Sulfur is a sovereign remedy when there are hot flushes with burning spot on top of the head, hot hands and feet, obliged to put feet from under bedclothes at night on account of burning of soles. About eleven o'clock a.m., daily, she has weak, faint spells with goneness of stomach. Must have doors and windows open; cannot endure close, hot room.

Sulfuric acid has constant flushes with sensation of trembling of whole body. This latter symptom is the grand keynote for sulfuric acid; sensation of trembling of whole body, which is entirely subjectiv.

I could add to this list several other important remedies, but I believe it to be unnecessary. Lachesis, sepia and sulfur are the ones most commonly indicated. After long years of experience I feel warranted in saying that no one will succeed in the management of the majority of the cases under consideration with homeopathic drugs, except he use the *higher or highest potencies!* Any one may know from practical experience that the potentiated drug is possest of curativ power that is never manifested by the crude drug.

Notice this, friends: Every old school prescriber for "hot flushes of the menopause" prescribed for that condition alone! If you will run over again the indications which I have so imperfectly given in the foregoing you will observe that we prescribe for the *woman*, from the vertex to the plantar surfaces of her feet!

And again: The indications I have given are the same as they were when first incorporated into our materia medica, some of them more than a century ago. They have never changed and never will. They do not change, for the same reason that the multiplication table remains the same forever and ever!

"He that doeth the will of my Father shall know of the doctrin." Instead of figuring the amount of the original drug in a drop of the thirtieth potency, drop pencil and make a practical test. If there be a natural law for our guidance in prescribing for the sick, surely every conscientious physician is anxious to know that fact. Much is going on "all 'round my hat, all 'round my hat," that is not comprehended in the philosophy of the wisest of us.

Do not judge of homeopathy by the work of the mongrels who fly the flag, but practise anything and everything else. Not more than an hour since I left the bedside of a patient whom I saw in consultation with one of these false followers. The case was one of anasarca, resulting from organic disease of liver and kidneys. The urin was high colored and very scanty, not more than 4 ounces in twenty-four hours. I cannot stop to go into the details of the case, but will say that this homeopath (?) was giving tr. opii liberally. Now that physician no more represented homeopathy than the devil does pure and undefiled religion.

In conclusion, I take occasion to remark that it does no good whatever for a homeopath, in writing for this or any other journal, to merely mention the name of a drug that he has found useful in the treatment of a given case. Always tell us *why* you gave it. No homeopath should prescribe a drug unless he can find in its pathogenesis the symptoms for which he is prescribing. And might I be so bold

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as to add that the truth embodied in the last remark applies to the physician of any and all schools? S. E. CHAPMAN, M.D.

Napa, Cal.

The Origin of Eclecticism.

Editor MEDICAL WORLD:—Recent articles in WORLD on eclecticism seem to invite me to contribute a brief chapter on this subject, as "I was there" at or very near the beginning.

In 1835 I had the ague for three months and was pretty well used up under the old school practise of mercury, antimony, etc.; for I was well dosed with both these poisons, when as a dernier ressort, a Thomsonian doctor of the "Twenty-Dollar-Book" variety—a copy of which book I still have in my library, the gift of a friend—was called in. In ten days all the ague was puked and steamed out of me, and everything else that was not securely fastened in; and I have had no serious sickness from that day to this, sixty-eight years ago.

One year later my father removed from a town residence to a farm, where every autumn an epidemic, or rather an endemic, of intermitting and remitting fever prevailed. Many were sick for weeks together; some died, others were invalids for months under the old school treatment, while the Thomsonian doctors cured all they got hold of in a few days.

Among the dead was a dear young brother of mine, twelve years old, healthy and well organized, who passed away under the care of a calomel doctor in ten days—under little white powders every two hours; and in his last gasps the green bile flowed from his mouth at every gasp! This dear and handsome boy, on the day before he fell into the doctor's hands, was at work with me in the field; and he sang all the day long a little ditty that he had pickt up at a camp meeting a week before: "I'm Going Home to Die no More." In ten days he had gone home. As I saw him expire I vowed opposition to what I then for the first time concluded must be an erroneous system of practise.

This ended my father's confidence in the old school medical practise, and by the advice of the same old Thomsonian doctor who had cured me of the ague years before (Dr. Henry Little, of Seaford, Sussex county, Delaware), he bought "Dr. Comfort's Medical Practise," a work on the Thomsonian system, written by a Philadelphia doctor, a graduate of Pennsylvania University. After carefully reading this work and being therein assured of the perfect safety of the practise, he sent to the doctor's brother, Aaron Comfort, who then kept a large Thomsonian drug store on Market street in your city, and procured a full stock of medicins. From this time on he was his own family doctor, and had but little trouble with the autumn fevers or any other disease of the locality. In addition, he was often prest into the service, as doctor, to many of his neighbors.

In 1848, after studying up all the books of old Dr. Henry Hall, of Lewes, Del., and Dr. William Harris, I matriculated at Dr. Alva Curtis' Botanic Medical College, on Third street, near Broadway, in the city of Cincinnati, whence I subsequently graduated, and there received the best teaching of the day, founded, as to practise, on the Thomsonian system, under the following faculty:

Alva Curtis, A.M., M.D., Theory and Practise.
—— Stockwell, M.D., Anatomy and Physiology.
Hardy Wallace Hill, M.D., Surgery.
Joseph Brown, A.M., M.D., Botany and Chemistry.
—— Courtney, Obstetrics and Diseases of Women and Children.
John Kost, A.M., M.D., Materia Medica and Therapeutics.

These were all good teachers and learned and experienced men in their respectiv branches. Dr. Curtis was a brilliant man and a voluminous writer. His works on Practise, Obstetrics and other branches are well known. Hill was amongst the first, if not the very first, in this country to operate for epilepsy by trepaning. In 1847 he operated successfully upon a case that had been produced years before by the kick of a horse. Dr. Brown was a very learned man in both his branches, and a brilliant lecturer and orator. The boys all loved him. Professor Kost was author of a work on Materia Medica and Therapeutics, still extant and much used. Since that day he has received many honors from institutions both at home and abroad. He still lives at the advanced age of ninety or more years.

The class of that year in this school numbered about one hundred bright, wide awake and energetic young men, many of whom have since made their mark as medical reformers. At the same time the Eclectic Medical College was in full operation, under the presidency of Dr.

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Joseph Buchanan and a full faculty, among whom I remember Dr. Robert S. Newton, Dr. John King and Surgeon B. L. Hill, all able teachers and authors of repute, Newton on Practise, King, author of King's Dispensatory, and Hill of an excellent work on Surgery. This school then had a class fully as large as Curtis' school, if not larger, and from these two schools the West was filled with reformed doctors. The teaching of the two schools was very similar, only Dr. Curtis adhered more closely to the Thomson system of practise; but others of the faculty were more liberal, and many of the students were in harmony with the eclectics. Gradually the two have coalesced, until now both are of the eclectic system, but not of the eclecticism of the present day, so called, which seems to be more nearly homeopathic. They call it *specific medication*. At an earlier day it was not this, but more nearly *rational medicin*, with the poisonous minerals eliminated, and electing the innocuous medicins from both the vegetable and mineral kingdoms. The specific system, now claimed to be eclectic, is more modern. It is a growth, for better or worse, I am not sure which, out of the former. It was first suggested in this country by Dr. Morris Mattison, of Massachusetts, in his work on the "American Vegetable Practise," publisht in Boston in 1845. He credited it in part to M. Orfila, whom he designates as a distinguisht French chemist. Now it is erected into a system by the Cincinnati eclectics.

For further information, readers are referred to Dr. Alexander Wilder's "History of Medicin," publisht by the New England Pub. Co., New Sharon, Maine. This book gives a fuller account of the new schools of the healing art in the nineteenth century than any other book.

Milford, Del. J. S. PRETTYMAN.

[This is not publisht as a personal reminiscence, but because it throws an interesting side light on the early practise of medicin in this country. The inquiry into the medicinal virtues of American plants is a work that should have been undertaken by the regular profession. That it did not do so placed this important development in other hands. Now we should give proper credit to those who bravely opposed the conventionalism of the time, and accomplisht this important work, and incidentally modified the prevailing practise in other ways.—ED.]

Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Formulas for "Miles' Nervine," and "Olive Branch" are askt for.

OLIVE BRANCH.

Olive Branch consists of powdered jequirity made into suppositories with cocoa butter or white wax.—Boston Journal of Health.

MR. EDITOR:- In my article in July WORLD I should have said that in the case of Miss E. D. P. (pages 308 and 309) the measurements of the foot are ¼ inch less every way, instead of 1¼ inches. M. B. KINZER, M.D.

Bristol, Va.-Tenn.

Editor MEDICAL WORLD:—Will some kind eclectic brother or professor in one of the eclectic colleges recommend to an old school physician who is anxious to learn, a list of the best eclectic works on diseases of children, practise of medicin and therapeutics? I shall be grateful for advice from any one.

Trenton, N. J. C. H. GORDON, M.D.

MEDICAL WORLD Brethren: I have been a practician of medicin for nearly twenty-nine years, and I've struck a knot; or rather it has struck me. I want relief. Surely I suffer the tortures of those in Dante's Inferno.

I am 48 years of age; no consumption; no

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scrofula nor venereal taint in any of my ancestry on either side as far back as can be traced. Have rheumatic diathesis at times; urin is loaded with uric acid. I never have had gonorrhea; use tobacco moderately; no excessiv user of malted stimulants; am a hearty meat eater (hog meat); use coffee; was born with congenital hydrocele, of the left side of scrotum; my parents were advised by a physician to paint my scrotum with tr. iodin once or twice a week. This was when I was about eight years of age. The physician's instructions were followed. I finally outgrew the hydrocele, but the iodin left me with a pruritus scroti that I never have as yet found anything to relieve.

Some five years ago I was thrown forward on my saddle by a vicious horse and the right testicle was masht; it has completely atrophied, as well as the male organ, so that in urination the urin will dribble over the scrotum despite all I can do. When I get very warm the itching begins. Oh, horrors! I scratch in my sleep until the blood flows. I have used the various ointments, powders, etc. Can only get relief with vaselin and cocain ointment. I want something else. I will be so thankful to any one who can give me a remedy, either thru THE WORLD or by addressing me.

J. "VAN" S. TATUM, M.D.

Harreldsville, Ky.

Graduate University of Nashville and Vanderbilt Med. Depts., 1888 89.

[Brother, we must chide you first and help you afterward. You ought to know well that a man with uric acid diathesis should use meat in great moderation, and pork least of all. Would you let such a patient gorge himself with pork? Never "get up in meetin" again with such a confession.

Now, about the help. Quit the meat entirely for a few months. Also, you will be better without the coffee; you can learn to like hot water quite as well inside a few weeks, and it will do you less harm. But why should you swill anything with your food? Better to chew and masticate thoroly. Imbibe freely of water morning and night and half way between meals. Try to drink a gallon in twenty-four hours. Partake freely of fruits and vegetables; ripe melons would be an excellent addition to your daily diet at this season. Lithia water might be a beneficial addition to your beverages. You can add lithia tablets to your "home" water. You must not hope for a cure by any local application alone; lotions, ointments and powders are only palliativ in such cases as yours. You should keep the bowels free, but not fluid, with small doses of salines, if required; remember that many people who are constipated have regular daily evacuations. Protect the scrotum from friction thru the day by a suspensory, and if necessary thin lint or gauze on thighs. Absolute dryness and cleanliness is imperativ, even if it requires your attention many times a day; you can endure it, for the intervals will rapidly lengthen. To cleanse: Bathe the affected parts in aqueous solution of carbolic acid, 1 to 200, or hydrastis canadensis, 1 to 20; dry gently, and dust with powdered stearate of zinc. Some cases are best cleansed by prolonged sitz baths of water hot as can be borne, but most are best cleansed by warm glycerin and without the use of water except rarely. Use the lightest bed clothing possible. Avoid scratching as much as possible. When you thoroly appreciate that the trouble is systemic and not local, and adopt this line of treatment, you will rapidly improve. In urinating, protect the scrotum by a cloth or piece of lint or cotton. Perhaps a soft rubber urinal might be more convenient. Do as we direct and you will get well.—ED.]

Editor MEDICAL WORLD:—I have a case of enuresis that I am unable to do anything with—a five-year-old boy. I have tried atropin, strychnin, tr. opii camphor, hydg. cum. cret., santonin, circumcision, and some other things, without success. Help from you and the fraternity will be appreciated.

Kissimmee, Fla. F. G. THOMASON, M.D.

[See our comments on this subject in May WORLD, page 213.—ED.]

Editor MEDICAL WORLD:—I have a case on which I cannot get the help I need. On the subject of gonorrhea I have searcht a number of standard works and the back numbers of a number of journals, MEDICAL WORLD included, but everything I find is for treatment of recently contracted cases. I have treated successfully many cases, using several different treatments in the different cases, but the case now in hand was contracted in 1899, and made severe by heavy work; treated for about eight months by three different M.D.s of Salina, Kansas, and in the language of the patient, "finally went down into left testicle, which swelled awfully for about a week, during which time pain was controlled by morphin." There is at present, and has been all along, a slight discharge which is not very inconvenient except after sexual intercourse, which increases discharge and causes some pain. Have used most of the standard remedies, including protargol, zinc sulf., plumb. acetas, Lloyd's hydrastis, listerine, liquor bis. et hydrastiae; and internally, elix. buchu juniper et potassii acetas, cubebs, sandal wood, sanmetto, and finally potassii iodi. The latter drug alone has seemed to help, having

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caused eruptions all over the body and stopt discharge from urethra, but pain is felt yet.

How should we treat these *chronic* cases?

WM. C. WHITTENBERG, M.D.

Morrison, Okla.

[Your patient has chronic gonorrhea. Impress upon him at once that he must relinquish all sexual intercourse and abandon lascivious thoughts. He may have abnormal desires from the irritation caused by the chronic hyperemia of the urethra; but he must resist them. The "swelling of the testicle" was doubtless an orchitis, which is a common complication of gonorrhea at any stage. If he persists in indulgence, he will suffer pain, and you will as certainly fail of cure. If you insert an endoscope of appropriate size under full illumination, you will probably find erosions along the deepest portions of the urethra; these are to be toucht lightly with silver nitrate. Occasionally the protracted use of the gelatin bougie incorporated with astringent antiseptics works well. The crypts of the prostatic urethra are doubtless infected, and you can never hope to reach the source of the trouble by any injection. Such cases are only cured as you would cure a chancroid inside the meatus: *i. e.*, by local application. We admit that most text books are deficient in treatment of chronic gonorrhea, but when the doctor appreciates that he is treating the same kind of chronic catarrh of mucous membranes that he constantly meets in other cases, he only need get the instruments and learn their use to achieve perfect success. Your therapeutics have been correct, and may only be criticized as slightly "strenuous." Use somewhat less of all and a little more of one. Have you tried prolonged hot sitz baths? Calcium sulfid works well in many cases. The cold sound with grooves and depressions for carrying ointments have been extensivly used. The endoscope is the most rational and successful method in hands of those who have had some experience.—ED.]

Editor MEDICAL WORLD:—A young man, age 19, has had sycosis for the last four years. Is there a cure for this disease? and if so, what?

STUDENT.

[You should read up your authorities before writing us. Sycosis is always resistant to treatment, and recurrence after apparent cure is the rule, and is to be expected; therefore avoid being sanguin in prognosis in patient's presence. It is best treated by softening and removing crusts, and then epilating by single hairs with fine forceps, and complete the treatment by applying parasiticides. The hairs being loosened by the suppurativ process, the pain is hardly perceptible. Into the cavity from which the hair has been drawn it is well to rub two per cent oleate of mercury ointment. If the case be more severe than ordinary, resorcin ointment in wool fat, two to ten per cent, is advisable. Unna, one of our best authorities, uses bichlorid of mercury in a 1 to 500 aqueous solution until apparent cure results; then he continues this solution diluted by addition of water to one-half strength; *i. e.*, a solution of 1 to 1,000 once daily for a considerable time, and at night he uses in connection inunctions of wool fat.

Such treatment will cure your case; but only his and your "eternal vigilance" will be the "price of liberty" from recurrence. Explain this to him, use due caution and proper medication, and your case will do well. If not, write us.—ED.]

Editor MEDICAL WORLD:—Do you know of any materia medica or medical work that give in condenst form the contra-indications for the exhibition of the most frequently used drugs, such as mercury, digitalis, iron, etc.? The usual run of works on materia medica and therapeutics inform you when to give, but none of them tell you when to withhold, with clear reasons for doing so. In other words, I desire the don'ts of prescribing the most frequently used drugs.

Does the Standard Medical Manual contain this?

J. D. MCCAFFREY, M.D.

Pittsburg, Pa.

[While there are a number of books which strive to give much matter in a condenst form, we doubt if we could name one that would be satisfactory to you, because the authors must suit their subject matter to the prejudices and practises of all sections. You would not give quinin in Pittsburg the way it is given in the swampy portions of Florida. Nearly all the standard works on therapeutics close the consideration of each drug with a condenst list of contra-indications, symptoms of physiological effect, etc.; notably that of Prof. H. C. Wood; but the very nature of the subject requires that each be listed under its own heading.

We suggest, as the best plan, that in the use of any drug which you propose pushing to physiological effect, that you read up carefully on it in some standard

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work; then you will have the contra-indications and will also be master of the subject in your own right, so that when you again have occasion to use it to full effect you will remember something of your former experience.

Neither this nor any other medical manual will enable you to get this working knowledge satisfactorily; and when you have it with your most familiar drugs, you will be constantly running against idiosyncrasies on the part of patients. Medicin is not an exact science. There is less of a "royal road to learning" in our profession than in others.—ED.]

Editor MEDICAL WORLD:—Man 26 years old; parents alive and healthy; sisters all healthy; no brothers living; one brother died at age of 20 of diphtheria. Patient has had pneumonia once and diphtheria once when in his teens. He weighs 160 pounds; muscles solid; is strong and healthy; no physical defect except as hereafter stated; works every day; is intelligent and a good and shrewd business man, managing a large farming business. At the age of 14 patient began masturbating and kept it up two years, but not to excess. Stopt masturbating at 16, but began to have emissions during sleep; emissions occurring about once every ten days or two weeks. Emissions were accompanied by lascivious dreams, but not by strong erections. (I will say here that his genitals are well formed.) This condition remained about the same until he applied to me for treatment, at the age of 23 years. He had been reading some of the bug-a-boo tracts scattered broadcast over our country, and had come to believe he was suffering from lost manhood. I placed him upon nerve sedativs with cold rectal injections, then tried dilating the urethra with cold steel sound. He derived no benefit, so after eighteen months' treatment patient was married, partly thru my instruction and partly thru his own inclinations. Imagin my surprise when a few days later he came to me, saying he could not perform the act of copulation; said erection was not good to start with, and immediately upon trying to perform coitus the penis became flaccid and limp. No emission at this time, but by continually trying to have intercourse he would have an emission, but without erection. This condition remains the same up to the present time, altho I have given nerve sedativs and excitants each in their turn; have used electricity over perineum and thru steel sound introduced into urethra; have given general tonics, cold drip sheet baths, etc., all to no avail. I might say in conclusion that patient always has been a perfectly moral man; never had any venereal disease, never tried coitus until after marriage. Now, Mr. Editor and members of the WORLD family, if you can tell me something to do for this patient, I will receive it as a help in time of trouble.

Vergennes, Ill. H. G. HORSTMAN.

[Doctor, emissions every ten days to two weeks are not excessiv in a man of normal passion and health, and certainly not in one who deems himself a victim of self-abuse. Work for mental control of this patient as the primary move. Make him understand that both he and his wife can live without coitus, in all happiness, until his cure is complete and he is able to go to her as a man. A fair explanation is due to her, for no innocent woman should suffer from cohabitation with a practical eunuch, but any true and loving wife will willingly wait, in preference to being teased continuously. What is the emission he secures by repeated attempts at introduction, but a legalized (?) masturbation? Must not *his* wife be disgusted and disappointed? And will she not despise him? This is the stuff of which divorces are made. If you have the absolute confidence of your patient and his wife such as eighteen months' fruitless treatment would indicate, have a confidential and fatherly talk with them, and tell them this: Occupy separate beds. Let the wife make every approach. Let her, instead of him, do the fondling. If advisable, she may reverse the position. If there is no intercourse for several months it will be best for him. Have him bathe the genitals with cold water twice daily. Abandon the use of the "sedativs, sounds and excitants," and put him on fluid extract of muira puama in forty drop doses three times a day; keep the bowels regular; convince him he has *not* injured himself by masturbation, and that all he needs is abstinence and self-confidence; assure him that intromission is frequently rare until after many weeks of repeated attempt. If you do less maneuvering with instruments and drugs, and get better control of the mind and confidence of husband and wife, you will work a cure satisfactory to all concerned; but if you fail and see it, tell them to go to another physician. You will then have done your full duty, and if two lives are blasted, you have done all you can to prevent it. We believe the best plan would be a protracted visit on the part of the wife to some distant friend, and the treatment of the husband meanwhile. If you secure the implicit co-operation of husband and wife, and follow this line thru, all will go well; if you fail to be firm, or to gain the complete control of both, your efforts will not be effectiv. Use the cold sponging and the muira puama

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faithfully; gain mental control and implicit obedience; get a true impression of the case; and a great victory is certainly yours. If you or either patient falter, defeat is certain. You need not report success, but if you follow directions in detail faithfully, we will gladly devote space for account of failure. Lay your law as the "Medes and Persians," or quit.—ED.]

Editor MEDICAL WORLD:—Man, age 32, married, steady, temperate; complains of sensation frequently, as if urin was dribbling in his pants. For six months has been troubled a good deal with inclination to urinate, but the sensation is worse for a while after urinating than before. This has been relieved a good deal, but the worst symptom now is a "buzzing" sensation, as he calls it, in region of prostate gland. He describes it as being something like a vibration that would be caused by taking a rubber string in the teeth and making it vibrate on the lips. This sensation is felt all along the urethra. He is troubled mostly when on his feet; none when lying down. Have given saw palmetto co., tr. gelsemium, and tr. belladonna. Have irrigated bladder a few times, and passed sounds, all with temporary benefit only. Prostate seems normal in size. Has good control of bladder. No pain at all. Have found sp. grav. of urin as low as 1,005, but did not remain so long. T. E. BRUCE, M.D.
Elkton, Ky.

[Investigate his history carefully. Tell him you must know if he has ever had gonorrhea. Sound for stone, and let all other sounds alone; you are irritating an inflamed tract. Your therapeutics are correct and commendable, with the exception of vesical irrigation; where did you see indication for that? Soothe that urethra and let it rest; deep instillations of glycerin or fluid petrolatum would do good; but the least possible manipulation thru the urethra will be best. Massage the prostate thru the rectum with gentle touch, and increase the pressure gradually as treatment proceeds; stroke toward the penis and make the earlier seances short, increasing the length of seances and decreasing the intervals as the improvement is manifest. Have him drink freely of water and mucilaginous drinks.

The symptoms he describes lead us to think of vesiculitis or spermatocystitis; yet in this affection persistent erections are the rule. If this condition be present, we can do no better than quote White and Martin, Genito-Urinary and Venereal Diseases, page 949: "Rectal examination shows at once a hot, tender, obscurely fluctuating mass extending upward and outward from the internal lobe of the prostate laterally, and about the size of the thumb, with its upper limit beyond the region of the examining finger. There is usually pronounced fever." Treatment is massage of prostate, soothing drinks and drugs, abstinence from intercourse; and on the part of the physician, a thoro search for stone.—ED.]

Editor MEDICAL WORLD:—I have a patient that I would like to ask my WORLD friends about. A young man in good health, age about twenty-one years, has hot flushes of the nose. It is very much discolored (red) at times, mostly so at night. Arteries are slightly distended. Has been diagnosed as acne rosae. Has had this for about seven years. He is not a drinker. Have tried several things with no success. Will some good brother please give as sure treatment? Would like to hear from some one in the next WORLD.
Milwaukee, Wis. J. L. DANIELS.

[Such a condition in those who are not addicted to the habitual and intemperate use of alcohol generally proves obstinate, and seldom yields to any treatment. We will be glad if some brother who may have had success in such cases, will write us, or the Doctor direct, of his experience and method of treatment.—ED.]

Editor MEDICAL WORLD:—I wish to say that I am much pleased with your comments on "Virility," July number, page 280. I have a case almost along the same line. A young man, aged 30, has masturbated pretty freely for ten years, unconsciously while asleep. Has tried all means, and medicins, and ways to awaken so that it will not happen, but it occurs regularly, from once to three or four times weekly, without dreams or anything; even after having intercourse, in a week or so it would occur the same. Well developt organs except testicles about three-quarter size; epididymis soft and flabby, and a small varicocele on left side. He is a picture of health every other way, and has splendid habits except the one mentioned. Applied to me about ten months ago for treatment, as erections then were only partial. I have used some nerve tonics, phosphorus, etc., but he is no better; rather growing weaker in his sexual desire, and has not the same passion for the female. Masturbation does not now occur nearly so often, perhaps three or four times a month, while sleeping. Now he contemplates marriage, but is afraid he will lose the power of erection entirely. I forgot to tell you the semen is more scanty and thin than before, and contains fewer spermatozoa. Now, as I never had a similar case, I do not know whether to advise him to marry and practise intercourse lightly and expect to get better, or advise him to stay single. What treatment, in either case, would be advisable? His thoughts he tries to keep on a high ideal, but fails as soon as asleep. After

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reading your comment on the case of J. H. S., M.D., I decided to write you for advice for my case; whether he should marry or not, or whether you think impotency is sure to happen in a short time. W. J BIERER, M.D.
Export, Pa.

[The remedy for masturbating is to draw a small fly blister on the penis, and before it gets well, follow with another on a new place, and so on, continuously, so as to have an exquisitly tender spot on the penis all the time. This will prevent undue handling of the part, whether awake or asleep. It seems to us that if you will thus effectually prevent masturbating for several months, and at the same time have him use every moral and hygienic means to build up and develop his physique, including gymnastics, avoiding all medicins if possible, *particularly avoiding all socalled aphrodisiacs*, he ought to be in condition to marry at the end of that time. In the meantime, he would probably have an emission about every two or three weeks, or possibly every one or two weeks. Among the moral influences, he should not think of, nor be anxious about, himself. He should also be made to understand that an occasional emission is normal and physiological to a man of his age, in good health. He should approach the marriage couch with full confidence in himself, but he should be cautioned against excess Frequent sleeping apart would be advisable.—ED.]

Editor MEDICAL WORLD:—What is the best small work concerning or governing medical practise?

Is a prescription handed to a patient his absolute property, so that he can use it any time and any way he pleases? An example: Dr. A. prescribes for Mr. A. suffering with scabies; he uses the medicin and gets well in two or three days. After a while Mr. B. is troubled with something that itches. A. tells B. he had some itching trouble himself some time ago, and that he got some medicin on Dr. A.'s prescription which cured him in two or three days, and that the prescription is in Mr. C.'s drug store. Mr. B. comes to town, asks druggist C. to give him the same kind of salve that he gave to Mr. A. a month ago. Now is (1) druggist C. compelled by any kind of law to hunt up the prescription and fill it for Mr. B., or (2) has the druggist any right to use that prescription and "fix up something" for anybody that comes to his store and wants something for some itching trouble? (3) In prescribing and handing a prescription to the patient, does the doctor *sell the prescription* for the fee he gets from the patient? (4) In the above instance, did Mr. A. acquire a perpetual proprietary right in the prescription he got from Dr. A. for the fee he paid him? Can he have it refilled any time he wants to for himself or for somebody else? (5) Can a physician lawfully write on the prescription over his signature: "Not to be refilled unless so ordered by me," and if he does so, is the druggist that fills it the first time obliged to obey it? If he refuses to refill it, has the patient a right to compel him to do so, or demand the original prescription from the druggist and take it to some other druggist? Is this second druggist obliged to obey the physician's order on the prescription? or is he free to fill or refill it?

I am sure the elucidation of these points will prove of great value to many of the WORLD family. Unfortunately the law, very likely, is not the same in every state. I am interested particularly in that of the state of Nebraska.

Good success to the most helpful silent consultant of the rank and file of the profession, THE MEDICAL WORLD.

Niobrara, Neb. A. H. SISSAKIAN, M.D.

[There are many such small works. Always read our Review department. When in quest of a particular kind of book, read our Review department for a year or two back. Also consult Dr. Russel. He can give all information desired, as he has reviewed all the leading works. Inclose stamp when writing him.

There have been many decisions handed down regarding the ownership of prescriptions, and various judges have decided pro and con as to the patient's ownership. Most pharmacists make themselves safe by insisting on the custody of the prescription to be held in trust for the presumed owner—the physician; and if the patient insists on the return of the prescription, then they offer to give a "copy," and this generally settles the matter satisfactorily to all concerned. No druggist has a right to furnish medicin prescribed by a physician for a certain patient, to any other patient or proposing purchaser without the written order of the physician. That would not only be thievery, but it would be the grossest kind of counter prescribing, and would lay the druggist open to suit, and amenable for practising medicin without a license. There is no law to compel a druggist, or any other man, to sell any thing he does not wish to sell; except in case of railroad companies, etc., when they have the right of eminent domain over real estate, and can thus take what they choose and have the remuneration adjusted by court. A druggist may make up any combination of drugs he pleases, and offer it for sale, in the line of what may be called "patent medicin;" and he may steal your formula to make it from; but you could not prove

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it. But whenever a druggist advises the use of any galenical or chemical compound for a specific condition, outside the patent method, he is practising medicin. You can no more compel a druggist to refill a prescription, or sell any drug he may have in stock, than you could compel a farmer to sell his horse, or compel a grocer to sell sugar. Refilling of prescriptions is at the option of the druggist, when the original patient applies for a refilling. The physician can lawfully direct that the prescription shall not be refilled except upon his written order; but as to whether or not the pharmacist must obey the order raises again the old mooted query as to the ownership of the prescription. The druggist may refuse to refill any prescription; he may refuse to sell liquor to a drunken man who presents a proper prescription from a reputable physician; he may refuse to sell a tooth brush or a cake of soap, and not be liable in the eye of the law. No patient can compel a druggist to fill any prescription originally nor on a request for refilling, but we do not know if he can legally demand the original prescription, for reasons stated. Any druggist may refill a prescription presented by a proposing purchaser if he is satisfied that it was given by a duly qualified practician, or he may refuse to refill, at his discretion. It is well to have a clause printed on your prescription blanks, forbidding a refilling without your order. With honorable pharmacists it is not needed; but it is a check on those who tend to stray from ethical pharmacy. No honorable druggist will refill a prescription unless ordered by the prescribing physician. No reputable druggist would filch your formula. The remedy is in your own hands: fill your own prescriptions, and thus control both unscrupulous patients and druggists. Until more conclusiv opinions are handed down by the higher courts, we have no other resource. —ED.]

Editor MEDICAL WORLD Quiz Dep't:—1. Will you please give a brief outline for cases of gonorrheal epididymitis and orchitis?

2. Also amenorrhea? The classic iron, arsenic, tonics, etc., are of benefit, but they don't seem to be activ enuf in re-establishing the flow, and often the patient quits and goes to another. Of course these cases advertise the doctor's failure, and as a result others in this fix steer clear of his office.

3. In suturing tendons, where the wound is closed or almost so, what is the best material? Silk, silkwormgut, chromicized gut or catgut?

4. I have met several cases that presented nervous symptoms, that I can't suit well to the text-books. The diagnosis is not clear. These are the symptoms I would like diagnosis for: (I use Hughes, Osler, Anders, and Strümpell on Practise.) No heart murmur; no rales; temperature normal and pulse regular and strong. Is a chronic sufferer from time to time from gastritis. Chief complaint is a pain just above left breast and in toward axillary line. It does not cause much dyspnea, and sitting or lying down is still the same. The pain runs into left arm, and around to the back, feeling as if a knife went straight thru; urin negativ; sp. gr. 1,020. I guessed at rheumatic neuritis, or neuralgia, with costo-humeral complication for arm pain. Under digestivs and tonics some improvement has been made, especially in the gastric trouble. I am using lithium citrate, and potas. citrate āā gr.v, t.i.d., as the urin occasionally gets full of urates and is "strong." I have found they ease this symptom. Do they help the source of the evil? Is the diagnosis correct?

5. Patient male, age fifty-two, lead miner, had plumbism thirty years ago; since has had good health. At present complains of numbness and lack of warmth in both legs from ankles to thighs. Muscular twitching and pains frequent. Eyes ache, and he can't stand steady looking at an object. Stomach poor; indigestion; foul taste in mouth; bowels irregular; more or less anemic. Is this a case of anemia with neurotic manifestations, or is it primarily a neuritis or nervous lesion? He has not done much mining during the last year or so; also this section of country failed on crops, and every native is "hard run" both on grub and finances. Since coming here I have met several cases with nervous symptoms not clear to me. A case of pneumonia toward the close developt numbness and tingling in one arm along ulnar nerve and into hand. A case of severe anemia as the first symptom, noticed a loss of power and tingling, with dead feeling in her hands and fingers when trying to "pail the cow"—it was biliteral, and ring and little finger most involved. I find no heart murmur, pulse soft, 80; temperature, 98 6°; no appetite; bowels sluggish. Complains chiefly of utter weakness and inability to be up. Sits up a few moments, then feels like everything in her was weighing her down and trying to fall thru. Her nerve symptoms were bilateral in hands and arms (ulnar) and a cold feeling in feet—dead like. I have her on Fellows' hypophosphites comp., and fl. ext. cascara. I have only used that a week. For two weeks I used Blaud's pill, with Fowler's solution, tr. nux, calomel and podophyllin, as she was very constipated and yellow. Color now better; bowels also. Age forty-eight; six years since last menses. I examined abdomen and could find no tumor, only lumps in colon, which enema brought away. She objects to cod-liver oil. Wouldn't it be good? Very anemic and emaciated. I am using all the nourishing food their finances will buy. What else does she need? She has improved some. She was under a

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doctor (?) for three months and was in bed. Trouble has now continued seven months and I have the wreck to patch. Young men always get the throw away cases of old doctors when they fail.

I would enjoy a good paper on nervous symptoms, and what diseases they indicate. They generally fill the student up on multiple neuritis, tabes, etc., and when he gets in practise he can't tell rheumatic neuritis from approaching paralysis. Can't you give us something? Something on the common things around us which we "fall down on" daily; not "high-falutin" neurology. W. C. O'NEAL, M.D.

Belgrade, Washington Co., Mo.

[As soon as orchitis or epididymitis appears, complicating activ or latent gonorrhea, all treatment directed toward the primary disease must be immediately suspended until the complication subsides. The patient must be put to bed on a flat mattress, and kept on his back. The scrotum is gently drawn up as high over the pubis as possible and held or supported there by a roll of cotton or cloth placed snug up against the perineum, one end resting on the mattress and the other supporting the scrotum. This at once relieves pain by taking away any tension due to the enlargement of the testicle or epididymis. Now a piece of absorbent cotton, or lint, is saturated with a strong lead water and laudanum wash and applied all over the affected testicle and kept constantly wet with the fluid. Four ounces of laudanum and four ounces of lead water to a pint of water makes one and one-half pints of a solution none too strong. Once the covering is saturated, very little fluid is required, as the cotton or lint need not be discarded till worn or offensiv. It is well to place a rubber sheet or oil cloth under the pelvis of the patient to prevent soiling the bed clothing. Open the bowels freely with salines, and use the bed pan for defecation. Never allow the patient on his feet for an instant. Reduce fever and relieve pain by the migraine improved pill or tablet sold by all makers. Chlorodyne pills or tablets may be used, or opium or morphin employed; but in well handled cases are seldom necessary, and their objectionable features are well known. Cases handled thus improve in a week. Induration and enlargement persist for some weeks longer, but if persisting over a month we employ inunctions of icthyol in wool fat in strength of one to two drams to the ounce, well but gently rubbed in twice daily. As soon as the patient declares all soreness gone, he may adjust a good suspensory and rise from bed for a little light exercise, but must not be permitted to do heavy work till swelling subsides. The suspensory is never removed till cure is complete unless for cleansing. Expert surgeons commend puncture of the tunica with a bistoury; but we have never found such operation necessary, and deem it dangerous in the hands of the general practician. The best handled cases yield a small percentage of occlusions of the ducts under any treatment; but as only one testicle is commonly affected, it is not necessary to alarm the patient by mentioning it unless the other becomes involved—which is very rare. Beyond medicin to reduce fever and relieve pain, laxativs and diuretics, nothing is indicated unless the practician determin to employ iodid of potassium as an adjuvant to absorption. In the rare complication of suppuration, dress antiseptically, and do nothing else unless symptoms indicate general infection; in which event castration is imperativ (we have never seen but one case of suppuration in thousands; there was no systemic infection, and the man was soon well and possesses two nice testicles).

Amenorrhea is due to a variety of causes. Make it a rule to exclude pregnancy before giving any medicin or treatment, and never examin a female when alone with her. Pregnancy excluded, fluid extract of cotton root bark in dram doses four times daily, with peptonated solution of iron and manganese in indicated dosage, makes up the best routine treatment. Bowels must be regulated by drugs which tend to cause trend of blood to pelvis (see your therapeutics), and do not forget proper advice as to thick soled shoes, proper clothing, avoidance of exposure at inopportune times, and the benefits of the one-half hour sitz and hot mustard foot bath when indicated. "Honest" amenorrhea relieved, will help the physician; pregnancy "relieved" (?) will surely damn him in the end.

Most capable surgeons now prefer the chromicized catgut for tendon sutures because many recorded cases show that even when a considerable part of the tendon is missing, careful connection with this suture has resulted in perfect union and satisfactory functional action. The method of connecting a widely divided tendon is well illustrated in International

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Text-Book of Surgery, Warren-Gould, by W. B. Saunders, Philadelphia, Pa., page 759. We can not devote space to full details. Always open your wound enuf to ascertain actual conditions.

You have good authorities on practise, but you do not give us enuf accurate data on the individual cases you cite from which we could base a diagnosis; but no harm could accrue from saline cathartics, nervines, strychnin and diuretics. From what you state, we would prefer strong doses of strontium bromid combined with the maximum dose of fluid extract valerian in aromatic elixir. It is not possible for us to devote space to all the various minor nervous affections. Have all rheumatic patients to drink at least two quarts of pure water every twenty-four hours. They should make this their life habit. Also many obscure nervous cases will be greatly benefited by this habit, with good hygienics.

Coldness of extremities, with numbness and tingling unaccompanied by other evidence pointing toward organic heart lesion, generally point toward full physiological doses of digitalis or strychnin. The indications were plain for the use of cod-liver oil in the case cited. There are features in your nervous cases that bring *lead poisoning* to our mind—and you are in the lead mining district. The hand and fore-arm symptoms, difficulty in "pailing the cow," obstinate constipation, etc., suggest chronic lead poisoning. Read up on this subject.

Do not change your therapeutical base too frequently without good cause when treating a chronic case. "Be sure (first) that you are right, and then go ahead;" but if well founded doubts confront you, go into deeper study. THE WORLD is always glad to help out those who have trouble, but deficient data or voluminous letters retard or confuse us. We like clear, concise and complete statements. We would rather answer several short and clear letters than one long and incomplete one.—ED.]

Editor MEDICAL WORLD:—I have been a constant reader of THE WORLD for several years, and like it very much; more than any journal I take. I want to ask you about a preparation I am using. I am getting prematurely grey and people have made so many remarks about it that I am now using a hair dye; but I am not sure of its composition, and don't like to use it unless I know more about it. I hope you can give me some information. The preparation I am using is called "Walnutta." It stains the hair black, or nearly so; sometimes it colors it a dark red at first, and later turns black. The manufacturers won't disclose their formula, but they assure me it is absolutely harmless; purely a vegetable preparation made from the juice of the Philippine Islands walnut tree. They say there are positivly no lead or silver salts in its composition. What do you think of it? I don't like to use it unless I know it is safe. Kansas.

[This nostrum has not been long on the market, and we do not know its composition. Any preparation which darkens the hair may be suspected of containing either silver or lead. We advise that you discontinue any preparation which stains the hair. Hair so treated is more or less injured, and the supposed veil is very perceptible to even a casual observer. A young doctor who bears grey hair with honor is vastly more respected than the most dignified and circumspect physician of any age who dyes his hair. Grey hair is no disgrace at any age; many younger practicians would gladly welcome it; but dyed hair is never excusable on any plea, and least of all on the person of a physician. If any of the family can oblige the Doctor with the formula, we hope they will do so. But we wish him to see the error of his ways.

Now, Doctor, having been "roasted," please recall that it is well to "return good for evil," and send us in some of your favorit prescriptions for fall disorders; or a concise article on your experience with last winter's common complaints. The next time you inquire, we hope to answer your queries more agreeably to you; but we believe we have done you good service this time. Will gladly hear from you at any time.—ED.]

Editor MEDICAL WORLD:—A conductor on passenger train is laboring under impotence from insufficient erections; will not hold long enuf to satisfactorily perform coitus. Sometimes the emission occurs before introduction. The discharge of semen is more copious than when the organs were in a normal condition. The patient is somewhat intemperate in regard to alcohol; has attacks of rheumatism with heart complications and uric acid diathesis. Would the motion of the cars produce above results, with slight discharge of semen when walking up and down the car steps? J. G. B. Tennessee.

[Order your patient to abandon sexual intercourse for a number of months, and

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to pay no heed to occasional nocturnal emissions. Put him on small doses of ergot and full doses of strychnin. Have him wear a good suspensory, and bathe the penis and scrotum twice daily in cold water for five minutes. Have him avoid pepper and condiments. Direct little use of any but the lighter meats. Suggest fish and vegetables. Try to get him to check up on and finally abandon the use of alcohol. The motion of cars could not produce such results in a healthy man, but if he is debilitated from excesses, such jarring from day to day might aggravate any existing trouble. Have you carefully examined the discharge expelled "when walking up and down car steps"? Are you certain that this discharge is semen? Is it not more likely prostatic fluid or a latent gonorrhea? Your microscopic examination will determin this, and direct your treatment. The excessiv discharge of semen on attempted intercourse indicates debility; and the premature ejaculation clinches the fact that he is overdone and must rest. The use of bromids in such cases depends upon the temperament of the patient and your control of him; if he is passionate and unreasoning, push enormous doses without telling him what you are prescribing; if he is conscientious and wishes to get well enuf to declare himself a man, use the ergot, strychnin, cold sponging, suspensory and moral suasion. A reasonable period of abstinence and therapeutic care will cure him.—ED.]

DEAR EDITOR:—I will report a case to the WORLD family which has puzzled me. I have done all I can, and have treated the case according to the advice received from a most successful specialist of New York when I was there last winter. Hope some member of our good "family" will be able to help me out. Mr. T., married ten years, age thirty-six years; health excellent in every particular; uses neither liquor nor tobacco; lives a quiet life. History: When he was eighteen years of age, for a year or a little more he practised masturbation; but learning of its bad effects, he immediately gave up the habit. He married at twenty-six years of age. At first intercourse the prepuce was lacerated, and he was circumcised. He never had intercourse before this time. He had no great desire for coitus, and at time he did not perform it once in six months. Had a very healthy child and could have again, but he has practised withdrawing. Six months ago when he first came to me he could not have an erection unless he manipulated the penis. and then it was not very satisfactory. He ejaculates prematurely, without regard to the frequency of coitus, as he has intercourse only about once a month, and sometimes it is much longer. After the act and for twenty-four to forty-eight hours he feels very weak—as if drunk. On this account he regrets the act and avoids it. He says he has the desire, but the dread of the feeling he experiences frightens him. I have given all the aphrodisiacs, and have used the Faradic current, which helpt more than any drug to restore the erections. He is educated and a very intelligent man, but of a rather nervous temperament and retiring nature. His wife is healthy and they seem to think a great deal of each other. I must say that the only aphrodisiac drug I have not used for this case is yohimbin. I like THE WORLD and the WORLD family very much. Depend on my staying by it as long as I live. M. B. HARUTUN, M.D.
Joplin, Mo.

[Is it possible that all the male sexual incompetents are coming our way? Formerly we heard nothing but complaints of or from the women concerning sexual matters. As for the men, they are not only sexually competent, but they are brutes; and the way that they sexually abuse their wives is something horrible to contemplate! Now, what a change. It required some courage, several years ago, for us to be the first to say that there are two sides to this question, and that there are female "brutes" as well as male "brutes." This remark, however, is intended to apply generally, and not at all to the above case. This case has doubtless been injured by those accursed aphrodisiacs. Why should you whip a tired horse? Why not let him rest—or help him to rest? Aphrodisiacs are only *rarely* indicated in sexual incompetence, and when used at all, they should be used most cautiously. Cold or cool local bathing, followed by judicious and careful rubbing and massage, with good general hygienics, and *freedom from thoughts bearing on one's sexual apparatus* is the right line for all these cases. With these remarks we will leave this case to the WORLD family.—ED.]

Editor MEDICAL WORLD:—Please suggest proper treatment for following case: Woman; white, age thirty, married two and one-half years, now in beginning of fifth month of first pregnancy. Scattered indiscriminately over surface of body, but more particularly on lower limbs, there may be seen dark purple blood vessels in patches, the individual vessels ranging from one-quarter to one inch in length. They do not appear to be varicose, but are merely seen thru translucent skin, except on limbs above knee, on each of which there is a spot about size of silver dollar, shaped like a crown, some of the vessels in which are slightly en-

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larged. The history of this case is as follows: The first of such vessels appeared during violent attacks of dysmenorrhea when a girl of fourteen or fifteen. These continued several years, but for the past eight or ten years there has been no menstrual difficulty. About four years ago patient had dyspepsia and great trouble with heart, which, however, was functional, and was finally relieved by a protracted visit to certain springs in Tennessee. General health now excellent. This trouble grew much worse during the trouble with heart and stomach, and lately seems to be progressing again after several years of quiescence. I fear the burden of carrying her child to term; and also the paroxysms of labor may aggravate the condition, and it may soon invade the face, which is now nearly or quite free.

A skin specialist of New Orleans, La., with a national reputation, recently told me that aside from use of ergot, which her gravid condition forbids, and electric needle, which is only curativ, not preventativ, nothing could be done. I very much desire assistance, as patient is my wife. Louisiana.

[The electric needle is decidedly impractical; small naevi are sometimes removed by this method, but never where the dilated vessels cover so much space. The markings will be permanent where thickest, but where the "blue lines" are small they generally partially or completely disappear after accouchement. We have never seen the face affected. We have seen good results follow the use of elastic stockings from toes to hips, but this, of course, does not protect the trunk. The only drug we could suggest by the mouth would be hamamelis, U. S. P., in full dosage; it frequently cures mild cases and may cure your wife; certainly no other internal medicin will. This drug is too little used. It is very highly prized in the eclectic corner of our household, and the rest of the family would do well to devote a little more attention to it.—ED.]

THE MEDICAL WORLD:—Please give me your diagnosis of the following case: A child eleven months old; present sickness began about five months ago. Child very anemic, mucous membranes pale, enlargement of cervical glands, *spleen and liver exceedingly large*, has papular eruption over body, no emaciation, cough present the last few days. F. M. S.
Pennsylvania.

[The data furnisht are quite insufficient for any satisfactory or accurate diagnosis. What is the family history as regards scrofula and tuberculosis? Is the child breast fed or bottle-nurst? If on artificial food, what form is used? Is there fever during any part of the day? What is the condition of the bowels? What is the color of stool, and is odor very offensiv? Have you used calomel, alkalin elixir (Nat. Form) and intestinal antiseptics, or cod-liver oil in emulsion or other form? Have you tried calcium sulfid in proper dosage? How large *are* the liver and spleen—what relation do they bear to ribs in inches or fractions thereof? How long has papular eruption existed? Does eruption come in series and pass away, or is it permanent? Have you excluded tendency to rachitis? Does the child eat any table food? Does it nurse (or eat) and sleep well? How many teeth has it, and what are their conformation? What is the condition of the fontanelles?

We hope this "Yankee answer" may show you how we can not give you better satisfaction. We will gladly hear from you again at any time, and sincerely hope we have given you some hints which you may work out to the satisfaction of the mother.—ED.]

Editor MEDICAL WORLD:—Can you give formula for Johnson's Anodyne Liniment, or a similar preparation? As a wash for varicocele it is the best thing I have found.
Ashburnham, Mass. E. D. GIBSON.

JOHNSON'S LINIMENT.

Take of—

Chloroform	4	drs.
Sulf. ether	4	drs.
Oil spearmint	2½	drs.
Oil wintergreen	2½	drs.
Tinct. myrrh	1	oz.
Tinct. capsicum	1	oz.
Tinct. arnica	1	oz.
Aqua ammonia	2	ozs.
Alcohol	32	ozs.

Mix.

—Secret Nostrums and Systems.

Editor MEDICAL WORLD:—I wish to appeal to the WORLD readers for help. My age is forty-two years; height six feet; weight 190 pounds. I received my degree at the age of twenty-one years, and have been in activ practise ever since. I am not addicted to the use of liquors or tobacco, altho I used the latter for thirteen years prior to 1893.

In the fall of 1897 I noticed a slight puffiness of face and ankles. These symptoms were preceded by headache and muscular pains of back and extremities and a general feeling of "life is not worth living." On examination of half a test tube of urin by heat and nitric acid I found that the precipitate about filled the concavity of the tube.

At frequent examinations since the amount passed daily varied from forty-five to fifty-five ounces, acid in reaction, and the sp. gr. ranged

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from 1,015 to 1,026; the urin being lighter in color when the sp. gr. is low.

My appetite is good, I sleep well, and cannot recall the time when I was compelled to get up at night to urinate.

Bowels do not move satisfactorily unless a laxativ is taken every day; in fact, to get relief I resort to salines every morning on arising from bed. Often while riding at night, particularly if the stomach is empty, there are eructations of foul tasting gas. There are times lasting from a few days to two weeks when I feel fairly well, followed by an accumulation of foul smelling gas in bowels, dull headache, muscular pains of back and extremities, which may last from a few days to a week. Tongue often a little furred. I eat little meat, and depend mostly upon fruit, vegetables and milk.

I have used iron, strontum lactate, sod. phos., lithia, sod. salicylate, intestinal disinfectants and various other remedies, but without material benefit. Saline laxativs seem to afford the most relief.

I am cognizant of the fact that I have been too ambitious to gain a competency, and consequently have workt too hard. Now who will come to my rescue?

Will climate accomplish anything in my case? and if so, where should I go? Will Edebohls' operation of removing the capsule of the kidney and setting up anastomoses with the surrounding fat effect anything? If any reader can suggest anything for my relief. I assure you he will have my heartfelt appreciation.

Helena, Mont. A. S. MEDICO.
(A Suffering Medico.)

[We began reading this letter with misgivings, but later we were much relieved to find that it was *not* a case of sexual incompetency (we have had such a flood of them lately). We are also relieved, and pleased to note, that the Doctor asks the *readers* to come to his rescue. This is proper, and as it should; for we frankly admit that there is more wisdom among our many thousands of readers than in our editorial chair. We will cheerfully publish or forward directly to the Doctor, as may be requested, replies to the above that may come. However, we will suggest that the Doctor does not say whether or not the "deposit" from heat and nitric acid continued. Are we to assume that it has continued about the same since 1897, and still persists? Are we also to assume that the slight puffiness of face and ankles still persists? We can reasonably assume that the Doctor has read up thoroly on his case. Has he consulted any physician? Has he tried the exclusiv milk diet? Has he tried a vacation, given to rest?—ED.]

Don't diagnose cutaneous lesions as "skin disease."

Current Medical Thought.

A Harbinger of Unification.

Dr. De Lancey Rochester, of Buffalo, justly expresses in the June number of the Buffalo Medical Journal gratification at the unanimous election to membership in the Erie County Medical Association of a physician who had before been regarded as a homeopathist. His election followed close upon his protest against the use of the words "homeopathic physicians" in a resolution presented before a general meeting of the physicians of Buffalo. He is reported to have said that it was time to drop such qualifying adjectivs, for sectarianism in medicin was really dead, and it was wrong to keep up the semblance of it by the use of such misleading terms; and that so far as he knew, no physician limited himself in his practise in such manner as the word homeopathic implied, and it was the manly and honest thing to come out openly and say so. It was Dr. F. Park Lewis who made this protest, and he was joined by Dr. A. T. Bull. We trust the day is not far off when their example will be widely followed by those whom the community looks upon as homeopathists.—N. Y. Med. Jour.

Definition of Eclecticism.

Recently we were requested to write a definition of eclecticism or eclectic medicin, confining it to about six lines, which is about sixty words, or the length of an ordinary dictionary definition, and this is the result of our effort. We would be glad to have from any source a better expression, in a few words. To us, this seems to cover the whole ground:

"Eclecticism or eclectic medicin is the outgrowth of the Reformed American Medicin, which began in New York about 1825, with Dr. Wooster Beach as a leader. It began as a protest against the use of such harsh remedies as bleeding, blistering, calomel, etc. Its distinctiv materia medica is chiefly of vegetable origin, and its therapeutics is based upon 'specific medication,' or the direct application of remedies to special symptoms, called specific indications."

In what particular does this definition err? —Eclectic Medical Gleaner.

Sunlight and Malaria.—Cure of Intermittent Fevers by Darkness and Fluorescent Light.

It is now well establisht that malarial fever is produced by a parasite (the *plasmodium malariae*, so-called) which feeds on and breeds in the red corpuscles of the blood; that this parasite gets into the blood by the bites of mosquitos; that the fever paroxysms are produced by the periodic sporulation of successiv groups of these parasites; and, that generally, but not always, the parasite is destroyed and the disease cured by quinin.

During the leisure hours of my sojourn in Burlington last summer, while thinking over the idea that malarial melanosis was a conservativ

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process—a sort of "protectiv coloring" to hide man from the mosquito—as stated in my paper on "Mosquitos and Malaria," publisht in 1883,* and regarding the whole process as a pigment disease, the idea of color suggested light; light suggested darkness; with these the variations of day and night, and the diurnal periodicity of malarial fever paroxysms, inevitably led me to the supposition that sunlight must have something to do in the drama of this disease. The facts that "chills" do not occur at night in the dark; and that people with black skins are more or less exempt, encouraged the supposition. Following out this idea, I have embodied the results in three papers recently publisht in the American Journal of Medical Sciences for February and June, 1902, and in the Washington Medical Annals, Vol. I, No. 1, for March, 1902.

A brief synopsis of those publications is here presented for the Vermont Medical Monthly. The following propositions were stated, viz.:

1. The sporulation of malarial parasites in the blood will be retarded, or fail to take place at all, in continued darkness. Other things being equal, this sporulation will be the more rapid and complete in direct proportion to the intensity of the sunlight to which the body may be exposed and the duration of such exposure.

2. To prevent malarial fever (after infection), protect the human body from the light of the sun.

3. To cure the disease, protect the body from the light of the sun, or in some other way prevent the parasites from receiving this light.

The evidence in support of these statements is as follows:

First.—The accumulated experience and observations of centuries, which have been supposed to prove the agency of solar heat in producing malarial fever, should really be attributed to solar light. Heat cannot warm the parasite while floating in a bath of blood at 98.2°. Light can enter a translucent skin and act upon the plasmodium, as we shall see further on, it does upon otheir amœbæ.

Second.—Paroxysms of regular intermittent fever will not, as a rule, occur at night, or in the dark. Exceptionally "chills" do occur at night; but often they are the chills of tuberculosis, or of secondary syphilis, or of suppuration, etc., that have been mistaken for ague chills. Again, it is possible that artificial light or brilliant moonlight may develop sporulation of the parasite during the night.

Third.—The relativ liability and relativ immunity of different races of men to these fevers will depend, respectivly, upon the relativ translucency or non-translucency of their skin and of their blood. Black—thoroly black—races are exempt. Many negroes suffer, because their skins are not impenetrable to light. In passing electric light thro the external ears of over a hundred dark negroes in Washington, I only found three that were impenetrable to light. These had never had ague.

Fourth.—In places where malarial fever prevails, the disease is increast by bright, sunny weather, and lessened by clouded skies. In other words, when the light of the sun is veiled by rain clouds and fogs, the parasites get less sunlight and their sporulation is retarded. Numerous instances are given.

Fifth.—It is an old popular tradition that to prevent the occurrence of ague in malarial regions, or to forestall its recurrence when it has already occurred, it is best to keep in the shade and avoid sunlight. Popular traditions usually come from experience and are worth consideration. Centuries ago the nativ Africans believed that mosquitos produced fevers. They were right.

Sixth.—In typical cases of ordinary ague the disease is spontaneously curable, without medicin, by keeping the patient in the shade. Evidence presented.

Seventh.—The malarial parasite is a naked amœba. Experiment shows that red light promotes the vital activity of amœbæ, while violet or purple light restricts it. The color of the light diffused through the blood is, of necessity, red, as any one can see by holding the hand over a candle in a dark place. Harrington and Leaming (Amer. Jour. Physiology, Vol. III, No. 1, 1899, pp. 9-18) have demonstrated that the *amœba proteus* streams in the presence of red light and ceases to stream in light from the violet end of the spectrum. Enucleated amœbæ stream in red light, and cease to stream in violet or white light.

Now if we assume that the malarial amœba is of the same nature (which, however, requires future demonstration) it would explain the cure of malarial fevers by methylene-blue, by Prussian blue, and by iodin, which last becomes in the stomach purple iodid of starch.

But how about quinin? If this theory of light be correct, and if it be true that the parasite is destroyed in the blood by light from the violet end of the spectrum, the curativ action of quinin should fall in line with this idea in some way.

Does quinin possess any peculiar relation with light that would furnish a clue to its curativ effect? It does. It is remarkably fluorescent; it accentuates the violet rays of the spectrum and even renders the ultra-violet ones susceptible to human vision.

In support of this idea that it is the quality of fluorescence which gives quinin its curativ value in malaria, I find first, that other substances possessing blue fluorescence, like quinin, notably esculin from the bark of the horse chestnut tree, and fraxin from the bark of the European ash, are effectiv antiperiodics in ague and have long been used successfully for this purpose.

As to quinin itself, the experiments of Drs. Rhoads and Pepper demonstrated over thirty years ago, long before we knew anything of the malarial parasite or mosquito, that in malarial disease the fluorescence of the blood is diminisht, and that quinin restores the fluorescence to its normal standard, and pari passu with this increase of fluorescence the fever disappears and the patient gets well. (See Pennsylvania Hospital Reports for 1868, pp. 269-280. See also Philadelphia Medical Times, January 23, 1875, p. 259, *et seq.*

It may be noted that the normal fluorescence

*See Popular Science Monthly for September, 1883.

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of the blood was discovered by Dr. Henry Bence Jones in 1866 (see Medical Times and Gazette, London, August, 1866, pp. 163-167); he also found in all the organs and blood of men and guineapigs a fluorescent substance which possest all the chemical and optical properties of quinin, which he called "animal quinoidin." It was by following the experiments and discoveries of Jones that Rhoads and Pepper were able to present to the world the twelve cases of ague in which they demonstrated that quinin cured by increasing fluorescence in the blood of fever patients. I am glad to have resurrected these cases and experiments from the oblivion in which they seem to have been engulfed for so many years.

Finally, why does quinin sometimes fail to cure? Why does its fluorescence apparently fail to act? Manson and others have kept patients cinchonized with quinin for days and weeks without a cure. I answer: These were cases of malignant parasites—the "estivo-autumnal" and others. The corpuscles containing them are not generally found in the peripheral circulation, where they can get light, but are found in the solid substances of the spleen and liver, in the marrow of bones and capillaries of the brain, than which no darker recesses of the body can be imagined; and where, surely, the fluorescent light produced by quinin can never act.

These malignant parasites are usually found in the small blood corpuscles of anemic, cachectic patients. These small corpuscles are too diminutiv to get arrested in the somewhat large capillaries of the skin, where they can get light, but do get arrested in the much smaller capillaries of the internal organs before mentioned.

In a typical tertian ague, the infected corpuscles are always enlarged, sometimes they are twice as large as an *un*infected normal blood corpuscle, and this causes them to be arrested in the large cutaneous capillaries where they get light to accomplish their sporulation. When this arrested group of infected blood corpuscles has remained exposed to sunlight in the peripheral vessels a sufficient number of hours (24, 48 or 72 as the case may be), sporulation of the whole group takes place and the consequent shaking ague chill occurs, which joggles them out of their capillaries, breaks them up and sends them along in the blood stream. After the chill comes fever, congestion of the skin, and a new lot of infected corpuscles, larger than normal, gain access to the dilated skin capillaries. Next comes the sweat, by which a deluge of water is exuded from these dilated skin capillaries, which causes their walls to close in and shut down upon the large infected corpuscles and so keep them arrested and exposed to light in the peripheral circulation a sufficient number of hours to accomplish their sporulation, when another paroxysm of ague, with its successiv stages of chill, fever and sweat, repeats the process. Here quinin can cure by its fluorescent light. It cannot cure by the same means the cases in which the small corpuscles infected with malignant parasites do not remain in the illuminated parts of the circulation, but rest in the smaller capillaries of the interior where it is dark. Thus the exceptions in which quinin fails to cure by fluorescence tends to prove the rule that it usually does so cure.

Finally, the future treatment of intermittent fever—prophylactic and curativ—would seem to be scoto-therapy, that is if future experiment should prove my views to be correct.—Dr. A. F. A. King, of Washington, D. C., in Vermont Med. Monthly.

Illinois State Board of Health Examination, July 9, 10, and 11, 1902.

ANATOMY.

1. Locate the heart and describe its function.
2. Give the boundaries of the popliteal space.
3. Describe the alimentary canal.
4. Name the bones of the wrist joint.
5. Name the branches of the axillary artery.
6. Give the nerve supply of the diaphragm.
7. Suppose a foreign body is in the beginning of the right bronchus, to what point would it correspond to the anterior chest wall?
8. Describe the coronary arteries, their origin and the part of the heart supplied by each.
9. Make a sketch and explain the circulation of the kidneys.
10. Name the different forms of articulation.

PHYSIOLOGY.

1. Describe the process of ovulation.
2. Describe the spinal accessory nerve.
3. Give summary of the digestiv changes in the large intestin.
4. Describe the structure of nerve trunks.
5. Describe the three stages of digestion.
6. What is meant by absorption?
7. State the physical and physiological properties of connectiv tissues.
8. How do the products of digestion find their way into the venous blood?
9. Give the function of the lungs.
10. What becomes of the contents of the receptaculum chyli?

CHEMISTRY.

1. Define chemical affinity.
2. What conditions conduce chemical affinity?
3. What is an oxid?
4. Oxygen is said to unite with every element save one. What element constitutes this exception?
5. What chemical constituents in a given specimen of drinking water would cause you to think it not suitable for drinking purposes?
6. Discuss sulfur dioxid.
7. Concisely define an element.
8. Name the two lightest elements.
9. Name the most important elements entering into the composition of the human body.
10. Give a reliable test for arsenic.

MATERIA MEDICA AND THERAPEUTICS.

1. Give the dose of hyoscin for hypodermic use. For what purposes is hyoscin used?
2. Describe the symptoms of iodoform poisoning.
3. What are the therapeutic uses of jaborandi?
4. For what is sugar of lead principally used in the practice of medicin?
5. State the name and the alterativ dose of a preparation of mercury capable of producing acute poisoning. Mention the chemical antidote for this preparation.
6. Explain the constipating action of opium.
7. Describe the physiologic action of apomorphin. Uses and dose. How administered.
8. Why is atropin combined with morphin when the latter is administered? What is the dose of atropin when combined with ¼ grain of morphin?
9. Compare the therapeutic uses of pepsin and pancreatin. How are these remedies prepared?
10. Give the name of the alkaloid of calabar bean and state its dose.

HYGIENE.

1. What do you understand by drainage? By sewage?
2. What is the difference between a contagious and an infectious disease?
3. How may the surplus water be taken from the soil otherwise than by drains?
4. What peculiar affection seems to be caused by long-continued exposure to cold?
5. How may a person be infected by trichinæ?

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6. At what temperature should the sick room be kept?
7. How may a salt water bath be prepared at home?
8. What are the results of using partially decomposed meat or fish, and to what are the serious results due?
9. What precautions must be observed in all plans for natural ventilations?
10. Name five quarantinable diseases.

PRACTISE OF MEDICIN.

1. Give cause, symptoms and local and general treatment of iritis.
2. What are the intrinsic and extrinsic causes of dilation of the heart with broken compensation? How would you treat the latter condition when very extreme?
3. How would you distinguish acute gout from acute rheumatism? How would you treat the former?
4. How would you distinguish acute bronchitis from pneumonia? (A) by symptoms? (B) by signs? (C) bacteriologically?
5. How do you distinguish neuritis from muscular rheumatism? Give treatment of the latter.
6. Diagnosis and treatment of acute suppurativ inflammation of the middle ear.
7. Give the treatment of acute scarlatinal nephritis.
8. What are the causes of hemiplegia? How do you distinguish one from the other?
9. Give symptoms and treatment of chronic interstitial nephritis.
10. Diagnosis, prognosis and treatment of chronic pulmonary emphysema.

SURGERY.

1. What is the prognosis in case of lacerated or incised wounds of the nerves?
2. What is a psoas abscess? How treated?
3. Describe the fractures of the femur.
4. Name the covering of an oblique inguinal hernia.
5. Describe the operation for appendicitis.
6. Describe the operation of strangulated hernia.
7. Describe amputation of the hip-joint.
8. Give the causes and treatment of anchylosis.
9. Give the varieties of fractures.
10. Describe your method of administering chloroform.

OBSTETRICS.

1. Give diagnosis and treatment of placenta previa.
2. Is artificial interference with the process of dilation of the cervix justifiable? If so, describe the method and state when it should be employed.
3. How are arm presentations managed?
4. Give the treatment of post partum hemorrhage.
5. What is the management of breech presentation?
6. Describe your mode of procedure in lacerations of the perineum.
7. Describe podalic version.
8. Describe your method of performing artificial respiration.
9. Give treatment of puerperal peritonitis.
10. What precautions are necessary to prevent ophthalmia neonatorum?

GYNECOLOGY.

1. Give the etiology of vicarious menstruation.
2. Differentiate a uterin myoma from an ovarian cyst.
3. Describe and give treatment for subinvolution of the uterus.
4. Describe Negar's operation for the restoration of a lacerated perineum.
5. Give differential diagnosis between a retroversion and a retroflexion of the uterus.
6. Give the etiology, symptoms and treatment for stenosis of the cervix.
7. What are the common results of laceration of the cervix?
8. What are the secondary changes common to uterin myomata?
9. How would you differentiate ovaritis from salpingitis?
10. Give the technique of a vaginal hysterectomy.

MEDICAL JURISPRUDENCE.

1. Briefly define civil malpractise.
2. Criminal malpractise.
3. In a given case, what circumstances might induce you to think a criminal abortion had been produced?
4. Name as many conditions as you can that would render the production of abortion necessary.
5. Should the production of abortion become necessary, what authority for this procedure would you seek before resorting to it?
6. What are some of the certain signs of death?
7. What evidences would point to death by hanging in a given case?
8. What to death by poison?
9. Give a concise definition of mania.
10. Of narcomania.

New York State Medical Examination, June, 1902.

ANATOMY.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. What is connectiv tissue? Mention the various forms of connectiv tissue.
2. Give the structure and physical properties of bone.
3. Describe (*a*) the arteries, (*b*) the veins, (*c*) the capillaries.
4. Give the location of (*a*) the zygomatic fossa, (*b*) the acromion process, (*c*) the great trochanter of the femur.
5. Describe the sternoclavicular articulation.
6. What arteries supply the stomach?
7. When the thigh is extended on the trunk, what muscles rotate it outward?
8. Give the course of the ulnar nerve from the axilla to the wrist.
9. What structures are found immediately behind the posterior ligament of the knee-joint?
10. Describe the trachea and give its relations.
11. Give the relation of the peritoneum to the bladder.
12. Mention the salivary glands and their ducts.
13. Describe the position and relations of the ascending colon.
14. Describe the lacrimal apparatus.
15. Give the origin, course and termination of the vertebral artery.

PHYSIOLOGY AND HYGIENE.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. State *three* ways in which a decrease of blood pressure in the arteries may be produced.
2. Mention the conditions that cause variation in the amount of animal heat produced in the body.
3. Describe bile and its uses. Give a test for bile.
4. How is deglutition accomplisht?
5. Which of the cranial nerves are nerves of special sense? Give the origin and function of each nerve mentioned.
6. Mention the enzymes of the digestiv system and state the peculiar functions of each.
7. Describe (*a*) the pulmonary blood circulation, (*c*) the portal blood circulation. What changes take place in the character of the blood in each?
8. What is the physiologic action of gastric juice on food? State the average time occupied in gastric digestion.
9. Define and differentiate (*a*) ptomain and leukomain, (*b*) chyme and chyle, (*c*) secretion and excretion.
10. Explain in detail how the functions of the auditory organs are performed.
11. What is (*a*) drainage, (*b*) sewerage? What should be the characteristics of (*a*) drainage pipes, (*b*) sewerage pipes? Explain.
12. Mention diseases due to exposure to (*a*) high temperature, (*b*) variable temperature, (*c*) decreast atmospheric pressure.
13. Describe the procedure of disinfecting and disposing of typhoid fever stools.
14. What infectious diseases may be conveyed thru the medium of (*a*) air, (*b*) water or food? Give, as far as known, the causativ germ of each disease mentioned.
15. Mention some of the safeguards against infection.

CHEMISTRY.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Define chemistry. Mention the three states of matter.
2. By what chemical tests may the presence of blood in urin be detected?
3. What is the action of a solution of permanganate of potassium, used as a disinfectant?
4. Define glucosids. Mention the glucosids of pharmaceutic interest.
5. Give the chemistry of phosphorus.
6. Give the chemical and the pharmaceutic name and the formula of sugar of lead.
7. Mention the properties and uses of boric acid.
8. Is air a mixture or a compound? Explain. Give the volumetric proportions of the constituents of the air.
9. What conditions of the urin would lead to the suspicion of (*a*) sugar, (*b*), albumin? Give a test for each.
10. Mention the sources and uses of benzin.
11. Differentiate grape-sugar and cane-sugar.
12. Describe a test for biliary acids.
13. What albuminoid substance is peculiar to milk? Give the properties of this substance. Mention the changes that take place in milk when exposed and state how these changes may be prevented.
14. Give the treatment of alkaloid poisoning.
15. Complete the following equations:

$K_2CO_3 + Ca(HO)_2 =$

$CH_4 + Cl_2 =$

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Surgery.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. What is the common position of the genital chancre in the male? Give a comprehensiv description of this lesion in this location.
2. Describe the operation for strangulated inguinal hernia, including procedure for radical cure.
3. Give the symptoms and signs of fracture of the neck of the femur.
4. Give the symptoms and treatment of subcoracoid dislocation of the shoulder.
5. Mention the different varieties of club-foot and give the treatment of *one* variety.
6. Give the indications for ligature of the subclavian artery in its third portion. Describe the operation.
7. Mention the causes of incontinence of urin.
8. Give the symptoms and signs of intussusception.
9. Mention the most common causes and give the treatment of endometritis.
10. Describe ophthalmia neonatorum and give its treatment.
11. Give the etiology, symptoms and prognosis of erysipelas.
12. Describe an operation for cleft palate.
13. Give the diagnosis, prognosis and treatment of carbuncle.
14. Give the causes and treatment of hemorrhoids.
15. Mention agents used for local anesthesia and describe the methods of their application.

Obstetrics.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Describe anatomically the internal organs of generation in the female and state the function of each.
2. Describe the process of fecundation.
3. Mention some of the important effects of pregnancy on the maternal organism.
4. What is understood by the term planes of the pelvis as ordinarily applied?
5. Give the approximate lengths of the diameters of the bony pelvis.
6. Mention the several stages of labor and give the phenomenon marking the end of each.
7. Mention tne signs of probable fetal death in utero.
8. Describe briefly the usual mechanism of a breech presentation and state how its dangers are to be avoided.
9. State how the conditions of asepsis and antisepsis should be maintained during labor.
10. Under what circumstances is premature delivery demanded? How should premature delivery be induced?
11. How should a case of fibroid tumor complicating pregnancy be treated?
12. Give the causes, pathology and treatment of salpingitis.
13. Give a differential diagnosis of anteversion of the uteru and retroversion of the uterus. State what may be done to correct each.
14. Describe the early important attention to the new-born, including the ligation of the cord.
15. Give the significance and treatment of albuminuria during pregnancy.

Pathology and Diagnosis.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Describe the process of fatty degeneration.
2. What tissue changes occur in acute rhinitis?
3. What pathologic changes occur in chronic dysentery?
4. What are toxins? How does the system dispose of toxins?
5. Give the pathologic changes that may occur in tubercular meningitis.
6. State some of the structural changes that may occur in red blood-corpuscles.
7. Describe the process of wound repair.
8. Give the local pathologic steps in the formation of an abscess.
9. What is the diagnostic significance of a blowing murmur occurring with the first sound of the heart or taking the place of it, and heard with greatest intensity at the apex?
10. Make a diagnosis of erysipelas and differentiate it from analogous inflammatory conditions.
11. Describe the throat lesions characteristic of laryngeal tuberculosis.
12. What intra-abdominal lesions may occur in the right ileocecal region?
13. Make a diagnosis of acute interstitial nephritis, including the microscopic appearance and the chemical analysis of the urin during such an attack.
14. Describe the diagnostic characteristics of acute appendicitis.
15. Describe the procedure of diagnosing diphtheria by the presence of the Klebs-Loeffler bacillus in a case of sore throat.

Therapeutics, Practise and Materia Medica.

" . . . in therapeutics, practise and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its state board of medical examiners."—Laws of 1893, ch. 661, § 146.

Questions prepared by the board of examiners representing the **Medical Society** of the state of New York.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Mention the common name of oleum morrhuae. On what physiologic effect does the therapeutic use of oleum morrhuae depend.
2. Describe the treatment of fatty degeneration of the heart.
3. Mention the common name of phytolacca. What parts of phytolacca are used in medicin?
4. Mention the common name of potassium bitartrate. What are the therapeutic uses of potassium bitartrate?
5. State the advantages of the hypodermic method of medication.
6. Mention the alkaloid of scoparius. State the dose for hypodermic use of the sulfate of this alkaloid.
7. Define disinfectant, antiseptic.
8. Describe the symptoms and treatment of dry pleurisy.
9. From what is formaldehyd obtained? How and for what is formaldehyd chiefly used?
10. How do salines produce catharsis?
11. Describe the symptoms and treatment of diabetes insipidus.
12. For what is chlorinated lime chiefly used? To which ingredient does chlorinated lime owe its energy?
13. To what therapeutic class does elaterium belong? State the dose of elaterin.
14. Give the causes of dilation of the stomach.
15. How do cardiac tonics differ from cardiac stimulants in their physiologic action?

Questions prepared by the board of examiners representing the **Homeopathic Medical Society** of the state of New York.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Give the principal enteric symptoms of argentum nitricum.
2. Describe an ipecac headache.
3. Describe the diarrhea of gamboge.
4. Describe the cough of senega.
5. Differentiate bryonia and kali carbonicum in pleuropneumonia.
6. When is viburnum opulus indicated in dysmenorrhea?
7. Give the indications for *three* remedies useful in cystitis.
8. Give *five* characteristics of iodin.
9. Differentiate bryonia, cimicifuga, caulophyllum, colchicum, ledum and rhus in inflammatory rheumatism.
10. Describe the diarrhea of croton tiglium.
11. Give the treatment of scarlet fever.
12. Describe the general characteristics of digitalis.
13. Differentiate the hoarseness of causticum, phosphorus and rhus toxicodendron.
14. When is corallium rubrum curativ in whooping-cough?
15. Give the mental symptoms of petroleum.

Questions prepared by the board of examiners representing the **Eclectic Medical Society** of the state of New York.

Answer any ten of the questions on this paper but **no more.** *Check the number (V) of each one of the questions you have answered.*

1. Give the specific remedies in a case of acute laryngitis.
2. From what is true salicylic acid obtained? State the dose of true salicylic acid.
3. Mention the specific drugs useful in la grippe with coryza, fever and muscular pains.
4. Write a prescription for cholera morbus.
5. Give the specific treatment of scarlatinal nephritis.
6. Mention specific drugs for vomiting in cholera infantum.
7. Mention the drugs useful in sexual neurasthenia.
8. What part of echinacea angustifolia is used in medicin? State the therapeutic uses of echinacea angustifolia.
9. Give the specific treatment of night sweats of nervous origin.
10. Give the common name and the medicinal preparations of stillingia.
11. Give a treatment of chronic rheumatism.
12. Give the botanic name of turkey-corn and state the part used in medicin.
13. Give the specific treatment of hay-fever with asthma.
14. Describe meadow-saffron and give its botanic name.
15. Mention some of the causes of heart failure. Give a treatment of heart failure.

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Rhode Island.—Questions Used at Examination Held January 2, 1902.

Anatomy and Physiology.

1. Describe the pancreas. Into what does its duct open, and from what vessels and nerves does it get its blood and nerve supply?
2. Name the veins of the neck.
3. Describe the inferior maxillary bone.
4. How do the ingredients of human milk differ from those of cow milk?
5. What nerves supply the mucous membrane of the nasal passages?
6. Describe the superior radio-ulnar articulation.
7. Give the boundaries of the axilla and name the contents of the axillary space.
8. What muscle divides the quadrilateral space at the side of the neck into the anterior and posterior triangles?
9. How many cartilages in the larynx? Give their names.
10. Describe the sternum.

Chemistry and Materia Medica.

1. What constitutes an element?
2. How would you distinguish between an acid and an alkali?
3. What antidote would you use for a case of accidental ingestion of ammonium hydrate?
4. In a case of suffocation what gas is acting as a poison to the patient, and what gas could you use to neutralize its action?
5. What chemical tests are the most important in the analysis of urin?
6. Give the action and doses of some of the mineral acids.
7. Explain the action of morphia and atrophia when taken in conjunction.
8. What are some of the uses of veratrum viride and doses of the extract and tincture?
9. Name some of the compounds of iron.
10. What effect has a prolonged use of bromids upon the system?

Pathology.

1. What abnormal constituents would you expect to find in the urin in case of chronic interstitial nephritis?
2. What is the most common condition of the arterial bloodvessels in old age?
3. Describe the appearance or condition of the intestine in intussusception.
4. Give the conditions found in the different parts of the body in a case of death by alcoholism.
5. What pathological conditions would you find in the brain in a case of death from apoplexy?
6. Describe the pathological changes found in the lung in death from tuberculosis.
7. Describe the pathological changes in enlarged prostate.
8. What pathological changes are brought about by the presence of varicose veins?
9. Describe the condition of the tissues when adenoids are present.
10. Describe the pathological conditions of the heart which admit of regurgitation.

Surgery.

1. Give the symptoms and treatment of phagedenic ulcer.
2. Give the symptoms and treatment of phlegmonous erysipelas.
3. What is a nævous? Name the varieties and give treatment.
4. Give the clinical symptoms of brain concussion.
5. Give a differential diagnosis between coma due to brain concussion and alcoholism.
6. Give the constitutional treatment of hemorrhage.
7. Describe the operation for ligature of the brachial artery at its upper third.
8. Describe the operation for plugging the posterior nares.
9. Give the symptoms and treatment of fracture of the surgical neck of the humerus.
10. A sailor who, while assisting to raise a very heavy cask on board ship, having at the same time one leg much flexed on the foot, and the thigh on the leg, was struck by the falling of the cask just above the knee. The objective symptoms of the accident were a lengthening of the dorsum of the foot to the extent of one inch, and the shortening of the leg to the extent of half an inch, the two malleoli being that much nearer the ground. The projection of the heel had disappeared, and the tibia formed a remarkable projection in front and to the inner side of the tendo-Achillis. What would be your diagnosis?

Theory and Practise.

1. Diagnosis of diabetes insipidus.
2. Diagnosis, prognosis and treatment of typhoid fever.
3. Diagnosis of smallpox.
4. Diagnosis and treatment of syphilis.
5. Diagnosis of malarial fever.
6. Diagnosis of cerebro-spinal meningitis.
7. Diagnosis and treatment of Addison's disease.
8. Diagnosis of cirrhosis of liver.
9. Diagnosis and treatment of acute Bright's disease.
10. Diagnosis and treatment of pericarditis.

Obstetrics and Gynecology.

1. Causes of antepartum hemorrhage and treatment therefor.
2. What conditions simulate pregnancy as far advanced as the fifth month.
3. What means would you employ to resuscitate a still-born child?
4. How would you diagnose a hand presentation from a foot presentation? Give method of delivery in each case.
5. When are douches called for during the puerperal state, and what syringes would you use?
6. Give diagnosis and treatment of carcinoma of the uterus.
7. Describe the condition of retroflexion of the uterus and the symptoms and conditions which result from such a position.
8. Describe the symptoms and give treatment for pyosalpinx.
9. How would you diagnose between an uterin fibroid and a multilocular cyst of the ovary?
10. How would you determine between the presence of vaginismus and an irritable caruncle of the urethra?

Hygiene and Medical Jurisprudence.

1. What effect does "sewer gas" socalled have upon the human system?
2. What precaution would you take in prevention of spread of smallpox, malaria, and typhoid fever?
3. Upon what conditions, upon laboratory examination and upon sanitary examination of location of source, would you condemn a drinking-water?
4. What food adulterations are liable to prove deleterious to man?
5. How would you disinfect a room which had been occupied by a case of communicable disease?
6. How would you determine the distance from which a bullet wound from a revolver had been inflicted?
7. What stains would you look for in suspected poisoning by (*a*) an acid, (*b*) an alkali? Give the character of the stains.
8. What should be your duty as a physician when called to a case of suspected death by poison, either by accident, suicide, or homicide?
9. How would you distinguish between a case of death by suicide resulting from ingestion of (*a*) carbolic acid, (*b*) hydrocyanic acid?
10. How would you determine whether an infant found dead in water had been immersed before death or after?

Recent Books.

Saunders' Medical Hand-Atlases.

Atlas and Epitome of Operativ Surgery. By Dr. Otto Zuckerkandl, Privatdocent in the University of Vienna. From the Second Revised and Enlarged German Edition. Edited, with additions, by J. Chalmers DaCosta, M.D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Second edition, thoroly revised and greatly enlarged. With 40 colored plates, 278 text illustrations, and 410 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This excellent work needs no further recommendation to English-speaking readers than its author's name—Dr. Zuckerkandl. The rules and methods of surgical procedure are stated with the clearness that springs from definit knowledge and the emphasis born of conviction. The operations of modern surgery are described lucidly and tersely, making the book a worthy guide alike to the student and the practising surgeon. The verbal descriptions are most accurately reinforced by a large number of original colored lithographic plates and text cuts.

In this new edition the work has been brought precisely down to date. The revision has not been casual, but thoro and exhaustiv; the entire text having been subjected to careful scrutiny, and many improvements and additions made. A number of chapters have been prac-

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tically re-written, and of the newer operations, all those of special value have been described. Sixteen valuable lithographic plates in colors and sixty-one text figures have been added. There is no doubt that the volume in its new edition will still maintain its leading position as a substitute for clinical instruction.

Atlas and Epitome of Otology. By Gustav Bruhl, M.D., of Berlin, with the collaboration of Professor Dr. A. Politzer, of Vienna. Edited, with additions, by S. MacCuen Smith, M.D., Clinical Professor of Otology, Jefferson Medical College, Philadelphia. With 244 colored figures on 39 lithographic plates, 99 text illustrations, and 292 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00 net.

This excellent volume is the first attempt, to our knowledge, to supply in English an illustrated clinical handbook to act as a worthy substitute for personal instruction in a specialized clinic. The work is both didactic and clinical in its teaching. A special and highly commendable feature is the complete exposition of the minute anatomy of the ear, a working knowledge of which is so essential to an intelligent conception of the science of otology. The illustrations are beautifully executed in colors. Further, the association of Prof. Politzer in the preparation of the work, and the use of so many valuable specimens from his notably rich collection, especially enhance the value of the treatise. The work contains everything of importance in the elementary study of otology, and, without question, is a most valuable contribution to medical literature.

Diseases of the Nose, Pharynx and Ear. By Henry Gradle, M.D., Professor of Ophthalmology and Otology, Northwestern University Medical School, Chicago. Handsome octavo of 547 pages, profusely illustrated, including two full-page plates in colors. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This volume is intended to present diseases of the nose, pharynx, and ear as the author has seen them during an experience of nearly twenty-five years. In it are answered questions regarding the course and outcome of diseases which cause the less experienced observer anxiety. In the therapeutic part of the work the author has given detail only to those procedures which have withstood the test of critical experience. Topographic anatomy being a requisit for surgical work, the author has devoted liberal space to this branch of the subject. The numerous illustrations are accurate in their portrayal of the pathologic conditions, especially so the two full-page colored plates. We know of no work of its size that is at the same time so useful a textbook and so excellent a work of reference, and none will be found more suitable.—A. L. R.

American Edition of Nothnagel's Encyclopedia; Diphtheria, Measles, Scarlet Fever, and German Measles. Diphtheria. By Wm. P. Northrup, M.D., of New York. **Measles, Scarlet Fever, and German Measles.** By Prof. Dr. Th. von Jurgensen, Professor of Medicine in the University of Tubingen. Edited, with additions, by William P. Northrup, M. D., Professor of Pediatrics in the University and Bellevue Medical College, New York. Handsome octavo, 672 pages, illustrated, including 24 full-page plates, 3 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; Half Morocco, $6.00 net.

This volume, the third in the series of English translations of the "Nothnagel System of Practical Medicin," needs no recommendation. Professor Jurgensen and Dr. Northrup are well known. The article on Diphtheria, entirely original with the editor, is fully in keeping with the high standard set by the German articles which comprise the rest of the work. Dr. Northrup, having been associated with Dr. O'Dwyer at every step in the perfection of intubation tubes, is particularly fitted to describe this aspect of the treatment of diphtheria. Prof. Jurgensen's monograph on Measles unquestionably is the most comprehensiv contribution on that infection that has appeared, bringing out so fully the valuable Danish records of the Faroe Islands epidemic. His exposition of Scarlatina is unrivaled both for richness of clinical detail and exactness and clearness of statement. "Fourth Disease" and German Measles have been accorded spaces consistent with their importance. The editor has shown judicious decision in his extensiv additions, making the work the best and most up-to-date treatise of the subjects extant. The book is profusely illustrated, containing, besides a large number of text-cuts, twenty-four full-page plates, three of which are in colors.

The Operations of Surgery. By W. H. A. Jacobson M.Ch. Oxon., F. R. C. S., Surgeon to Guy's Hospital; Consulting Surgeon Royal Hospital for Children and Women; Member Court of Examiners Royal College of Surgeons, etc.; and F. J. Stewart, M.S., London, F.R.C.S., Assistant Surgeon Guy's Hospital and to the Hospital for Sick Children. Surgeon in Charge of the Throat Department, Guy's Hospital. Fourth edition, revised, enlarged and improved. 550 illustrations. Two volumes:—Volume I—Operations on the Upper Extermity; Ope ations on the Head and Neck; Operations on the Thorax. Volume II—Operations on the Abdomen; Operations on the Lower Extremity; Operations on the Vertebral Column. Publisht by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1902. Price, $10.00 in Cloth; $12.00 in Sheep.

Few works on surgery have accomplisht what these have done. The books are modern, thoro, and scholarly; and are equally well suited to the embryo practician or the veteran, without being ponderous or expensiv. The diction is rather odd, but it is clear. Especial effort has been made to place the matter in such shape that it will be immediately available in emergencies such as the hospital interne and young practician find confronting them. All directions are condenst; yet the essential features are incorporated. The articles and cuts of operations about the penis and bladder are quite different from what we find in the works by American authors; the Davies-Colley operation for circumcision being particularly noticeable. The cuts have not been allowed to take up too much space, and few useless ones have been inserted; yet all operations have been very well illustrated. It is an excellent work for the young practician or for the old man who wants to "brush up" without purchasing the more expensiv and ponderous volumes —A. L. R.

International Clinics. A quarterly of clinical lectures and especially prepared articles on Medicin, Surgery, Therapeutics, Pathology, etc. Publisht by J. B. Lippincott Company, Philadelphia, Pa. Price, $2.00.

Contains over 300 pages of excellent text. The work is too well-known to require more than passing mention. While low in price, there are no better articles anywhere. Photo-therapy, spa treatment, gonorrhea and marriage, drawbacks to spinal anesthesia, clinical treatment of inebriety, affections of the gall-bladder and its ducts, are among the most interesting features of the book.—A.L.R.

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Electricity in Medicin and Surgery. By Wm. Harvey King, M.D., of New York. With a section on Electro-Physiology by W. Y. Cowl, M.D., of Berlin, Germany, and a section on the Bottini Operation by Alfred Freudenberg, M.D., of Berlin, Germany. Publisht by Boerick & Runyon Company, New York. Price, $3.50 net.

The book, while intending to be thoroly scientific, is aimed to be a practical treatise for the busy practician, and a comprehensiv text-book for the novice in electro-therapeutics.

A Manual of Ophthalmoscopy. For students and general practicians. By J. E. Jennings, M.D. (University of Pennsylvania). Author of "Color-Vision and Color-Blindness," etc.; formerly Clinical Assistant Royal London Ophthalmic Hospital, London; member of the American Medical Association, etc. With 96 illustrations and one colored plate. Publisht by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, 1902. Large 12mo. Price, $1.25 net.

The book is well written, illustrated and bound, and will be all that most general practicians will need as a guide. It is rather pretentious in its claims, when size is considered, tho but little matter of value is omitted. Diagnosis and prognosis seem excessivly condenst. The treatment is likewise crowded, but every really useful drug is named.

A Hand-Book of Appendicitis. By A. J. Ochsner, M.D., Professor of Clinical Surgery, College of Physicians and Surgeons, Medical Department of the University of Illinois; Surgeon to the Augustana Hospital, etc. Pages 182. Illustrated. Bound in red cloth. Price, $1.00 net. G. P. Engelhard & Co., Chicago. 1902.

This is another of the excellent little books this firm puts out. The author gives in clear and concise language the etiology, symptoms, diagnosis, medical and surgical treatment, and the after treatment, and complications of the disease. If there are higher priced works on this disease, there are few, if any, better ones.—A. L. R.

The International Medical Annual; a Year Book of Treatment, and Practician's Index, 1902. Publisht by E. B. Treat & Co. New York. Price, $3.00.

This annual has been publisht for 20 years, and it is yet growing in popularity. It deals with the latest advances in medicin, and never fails to give the authority for both sides of any mooted point. It contains 672 pages and an index. It has a list of the best medical works of the year and the names of their publishers. It has some superb cuts, and many good illustrations not found elsewhere. The contributors are all authorities on the subjects on which they write. Abundant references are given at the close of each article. No other book, at such a low price, gives so much modern information. A. L. R.

Childbed Nursing and Infant Feeding. By Charles Jewett, A.M., M.D., Sc.D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth edition, revised and enlarged. Publisht by E. B. Treat & Co., 241 West Twenty-third street, New York, N. Y., 1902. Price, 80 cents.

This admirable little book is intended for nurses primarily, but many doctors could learn from it, and it would be an excellent thing to place in the hands of untrained assistants. Its low price and general excellence commends it to all. It contains 84 pages.—A. L. R.

Syphilis; a Symposium by seventeen distinguished authors. Publisht by E. B. Treat & Co., New York, 1902. Price $1.00.

This little book is a reproduction of the papers which have appeared lately in the International Medical Magazine. It embraces a paper from each on some vital point connected with the etiology, curability, pathology, therapeutics, etc. of syphilis. All of the 17 writers are noted for their skill in handling this disease. It contains 122 pages, bound in red cloth, well printed on fair quality of paper. In no other small work is so much information found at so low a price.—A. L. R.

A Guide to the Microscopic Examination of the Eye. By Prof. R. Greeff, Surgeon to the Ophthalmic Department of the Royal Charite Hospital, Berlin. Translated from the second German edition by Hugh Walker, M.A., M.B., C.M., Asst. Surgeon and Pathologist to the Ophthalmic Department of The Glasgow Royal Infirmary. Publisht by P. Blakiston's Son & Co., Philadelphia, 1902. Price, $1.25. Printed in England.

A neat book of 171 pages giving every method of value in the microscopic work on the eye. Every detail of hardening, bedding, use of the microtome, staining, formulas for stains, cutting, preservation of the mounted or unmounted specimen, etc., is given. It must appeal to every careful microscopist, since the material given here is not found elsewhere. Naturally few general practicians will need it, but it is indispensable to the pathologist, oculist, and specialist.—A. L. R.

Abbott's Bacteriology. A Practical Manual of Bacteriology for Students and Physicians. By A. C. Abbott, M.D., Professor of Hygiene, University of Pennsylvania. New (6th) edition, revised and enlarged. In one 12mo volume of 636 pages, with 111 illustrations, of which 26 are colored. Cloth, $2.75 net. Just ready. Lea Brothers & Co., Publishers, Philadelphia and New York.

The general practician needs a work on bacteriology, yet few care to purchase the larger works, since they read to keep informed and not to go into minutiæ. This book has had a well deserved sale, and this issue brought up to date on dysentery, tuberculosis, cerebro-spinal meningitis, immunity, etc., will increase its popularity. It is superbly edited, and paper and printing are up to the Lea Brothers high standard. In an appendix is given a complete list of the materials necessary for the equipment of the laboratory of the amateur bacteriologist. It is well and clearly indext.—A. L. R.

Minor Surgery and Bandaging. By Henry R. Wharton Fifth edition, enlarged and thoroly revised, with 509 illustrations. Publisht by Lea Brothers & Co., Philadelphia and New York. 1902. Price, $3.00.

The book sprang to the lead with its first issue and has maintained it. It is easily the best of its class. The cuts are sufficiently clear to admit of any one becoming expert at bandaging without other instructor. The section on fractures and dislocations is profusely illustrated with cuts out of the ordinary path. Many subjects are taken up outside the domain of minor surgery. It has special articles on operations on the cadaver, antiseptics, tracheotomy, etc. It is a superb little book, and five editions prove that it is appreciated by the profession.—A. L. R.

Davenport's Diseases of Women. A Manual of Gynecology for the use of Students and General Practicians. By F. H. Davenport, A.B., M.D., Assistant Professor in Gynecology, Harvard Medical School. New (4th) edition, revised and enlarged in one 12mo volume of 402 pages, with 154 illustrations. Cloth, $1.75 net. Lea Brothers & Co., Publishers. Philadelphia and New York, 1902.

This is an admirable little book for student or practician. Originally intended as an explanatory course for students, its merit was so recog-

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nized by the profession that it is now in its fourth edition. It is well printed. The cuts are out of the usual line. The language is plain almost to bluntness. Those knowing themselves deficient in this important branch, and who can not purchase the larger textbooks, will find no better work at the price.—A. L. R.

"The Cow Pea" is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society at Southern Pines, N. C. This book, neatly bound and illustrated, in plain and concise manner discusses the value and uses of this important crop, the cow pea. Any reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

Our Monthly Talk.

M. Combes, the new French premier, is a physician. In a biographical sketch of him, given in the July Review of Reviews (page 79), occurs the following: "The physician has a great influence upon the rural population in France. By his daily contact with the people he is enabled to gain the confidence of the simple-minded, and to spread his ideas." The same is true, or could be and should be true, in this country; tho we would not apply the term "simple-minded" to our rural population. A good free school system in efficient operation in every state, a plentyful supply of good literature at low prices, and other powerful influences in operation in every part of our great country, make illiteracy and "simple-mindedness" perhaps more rare in our rural districts than in our large centers of population. We find the densest ignorance in the slum districts of our large cities, and also other undesirable qualities rarely if ever found in our rural districts. It is among the farmers and villagers of this country that we will find most constantly a healthful, intelligent and unselfish interest in public affairs, and the welfare of the country in general. It is among these that the family doctor will find promising soil for his ideas on public policy, if the ideas are sound and progressiv. Just as a country doctor is more self-reliant than his city brother (the conditions under which he works makes him so), so farmers are likely to be more independent thinkers, and more free from the political boss, than dwellers in populous cities. The political influence of the average city doctor is very slight. In large cities the local politics are usually controlled by professional politicians. Not so in towns and in the rural districts. There the doctor is a man of importance and influence. He has countless opportunities to talk with the other leaders of the community on public questions; he is listened to with the strictest attention, and if he speaks with the clearness of a man of understanding and conviction, his words, in the majority of instances, carry conviction. So the first question with the doctor is as to himself. Has he anything worth saying on public questions? Has he any ideas worth communicating? Has he any convictions other than those of a partisan nature, imbibed from strictly partisan sources? Has he ever read a book on the science of government? Does he read magazines in which advanced ideas on the science of government appear? In short, has he sought sources of ideas not constantly in the easy reach of his patrons? If not, how can he hope to lead his community? Such rare opportunities as those enjoyed by the country doctor should be wisely and assiduously used for the country's good.

* * * * * *

I notice the following item in an exchange:

Half rates will now be granted by the German railroads to all persons traveling to or from the sanatoria.

Let us consider all that this means. The railroads in Germany are owned and operated by the government; they are conducted for the service of the people, and not for private profit. Therefore, consumptivs and other invalids are carried to and from sanatoria at half fare. In this country the railroads are owned and operated by private corporations, and they are conducted for *profit—private* profit. Therefore, the public good not entering into the motiv and purpose, invalids are not carried to and from sanatoria at half rates. Are there any who cannot see the powerful lesson contained in the above little news item?

In New Zealand the government-owned and -operated railroads will carry city children to the country for summer vacations, and country children to the city on educational excursions, at merely nominal rates; and during the school year they will carry school children to and from school entirely free. The nation is interested in the education of its future citizens, and it uses its railroads as an instrument to promote the same, just as Germany uses its railroads to promote the health of its citizens. These things *cannot* be done where the railroads, as with us, are privately owned, with private profit as the only motiv for which they are operated. Is not this plain to any one who knows the above facts and thinks for a moment? There are many other facts which indicate that the railroad question is the coming question in this country. All who expect to lead public opinion must study it.

* * * * * *

In Great Britain the railroads are still in the hands of private corporations, but the government control is so strict and rigid that the government does really control the railroads in the people's interest, instead of the railroads controling the government, as in this country, and the English Government does really own and operate the telegraph. We have frequently, in these columns, given details of how the railroads overcharge our government for carrying the mails—how Uncle Sam has to pay much more to the railroads for the carrying of mail than the express companies pay for carrying express packages; how the railroads charge a yearly rental for the mail cars equal to the value of the cars, etc. But for these overcharges we could have a much larger and cheaper mail service, including a package post that would largely take the place of the express service, and

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perhaps we could soon have penny postage. The government ownership and operation of railroads would give us all these things, and many other things beside. In this connection the following comparison will be of interest:

A Brief Comparison of the Postal Facilities of Great Britain and the United States.

LETTERS.

The postage on letters in Great Britain is 2 cents for each 4 ounces: in the United States it is 2 cents for each ounce.

THE PARCELS POST.

In Great Britain all articles, except anything indecent or explosive, including china, eggs, fish, meat, fruit, etc., if properly packed, and including a letter intended for the same person as the parcel, are carried at the following rates in parcels not over 11 pounds in weight and 6 feet in length and girth combined.

One pound or less for 6 cents. From 1 pound to 2 pounds for 8 cents, and so on up to 11 pounds for 24 cents.

Parcels are delivered by postmen in the same way as letters.

A certificate of posting may be obtained free by the sender.

The postmaster general accepts liability on an unregistered parcel up to $9.70, and on a registered parcel up to sums ranging from $24.25 to $582, for which the registration fees range from 4 cents to 26 cents.

In the United States merchandise (except printed matter) is carried at the rate of:

One cent an ounce or 16 cents a pound in parcels not over 4 pounds in weight.

Parcels up to 11 pounds in weight may be sent, however, to Newfoundland, Mexico and 14 other foreign countries at 12 cents a pound.

POSTAL CARDS, NEWSPAPERS, "BOOK PACKETS."

Postal cards are sold in Great Britain at 1½ cents each or 11 cents for 10; in the United States at 1 cent each for any number.

Newspapers are carried in Great Britain at 1 cent each, or by parcels post; in the United States at 1 cent a pound from the office of publication, or 1 cent for 4 ounces from other offices. Many British "newspapers" weigh over a pound.

In Great Britain "book packets" are carried at the rate of 1 cent for 2 ounces. They may include books, invoices, orders, receipts, manuscripts, circulars, etc., or any other written or printed matter not in the nature of a letter. At the option of the sender all such material may also be sent by the parcels post. In the United States printed matter (except periodicals) is carried at the rate of 1 cent for 2 ounces up to a weight of 4 pounds in one package.

REGISTRATION.

In Great Britain letters and parcels are registered at 4 cents each with a liability of $24.25: in the United States the fee is 8 cents with a liability of $10.

In Great Britain the progress of mail matter may be accelerated at almost every stage.

A person may telephone to a postoffice and then have his message sent as a letter for 2 cents.

SPECIAL (RAPID TRANSIT) SERVICE.

At a rate of 6 cents a mile special messenger service may be had at the beginning of the route or at the end or both at the option of the sender.

The sender of a letter or parcel or the person to whom it is addressed may have it intercepted at a head office and sent direct by messenger instead of through the sub office.

The sender may by telegraphing (fee 12 cents) have a messenger deliver a letter or parcel direct from a train on its arrival.

A letter too late for a regular mail may be sent on any train on payment of a train fee of 4 cents in addition to the regular postage.

A special messenger may be had also for the entire distance.

A special messenger may be had to conduct a person or take a dog or bicycle to any address.

In the United States a letter or parcel bearing a special 10-cent delivery stamp in addition to the regular postage is sent from a postoffice by a special messenger. No other special messenger service is provided.

TELEGRAMS.

In Great Britain telegrams are sent by the postoffice department at the rate of 12 cents for 12 words, and a cent for each additional word: five figures counting as one word. They are delivered free within three miles of the terminal office; to places outside this limit they are sent free by mail or by a messenger at the rate of 6 cents a mile from the office. Telegrams bearing postage stamps equal to their cost may be deposited in mail boxes or given to rural postmen. When a postoffice is closed for telegraph business, but open for other business, an operator may be summoned at a cost of 24 cents. When the postoffice is closed for all business the cost of summoning an operator is 48 cents.

AIDS TO THRIFT THROUGH THE POSTOFFICE SAVINGS BANKS—INVESTMENTS—LIFE INSURANCE—ANNUITIES.

In Great Britain over 12,000 postoffice savings banks are open every weekday from 8 a. m. to 8 p. m., where savings may be invested—

1. In amounts less than 24 cents by the stamp savings plan and in penny banks.
2. In larger amounts bearing interest at 2½ per cent.
3. In government stocks.
4. In life insurance. No medical examination required for an amount less than $121.
5. Annuities, immediate and deferred.

Taxation in History.

Two significant papers were read at the recent meeting of the National Educational Association, at Minneapolis, July 7th to 11th. One by Nathan C. Schaeffer, of Harrisburg, Pa., State Superintendent of Public Instruction in Pennsylvania, on "Taxation as It Relates to School Maintenance," and another by Albert G. Lane, District Superintendent of Schools, Chicago, on "Taxation and Teachers' Salaries." This may be "politics," but teachers are finding out that "politics" vitally concerns them. Superintendent Schaeffer declared that as taxation for school purposes is now the accepted policy of every civilized country, its nature and purpose should be taught in connection with history and civil government. He said: "One of the highest test of patriotism is found in a willingness to pay a just share of the tax for the education of the people."

Let us imagine a history of the United States which would include a full and complete history of taxation from the beginning of our government, with full explanations of how the taxes are levied and collected, and on what classes they rest the most heavily. What a flood of light would thus be thrown upon history! Add this same feature to the accepted histories of the European nations, and what interesting and vital facts would be revealed. How we would all be surprised. How were Alexander's, Cæsar's and Napoleon's armies sustained? How the splendor of glory and the glamour of romance would disappear from the careers of these and other great warriors as the facts concerning the expense of their maintenance and the source of their funds would become known! Our youth (and ourselves) should be taught these facts. Taxation is a vital part of history, and it is a shame that it has been omitted so long. School boys and college students should be taught the *burdens*, as well as the privileges, of citizenship. Have the burdens and the privileges always been fairly distributed? This is a legitimate and important inquiry for the student of history.

Here is a little lesson on taxation. The power of corporations in politics is well known. One of the results of that power is illustrated as follows:

In Pennsylvania the taxation on farms and homes is, per $1,000	$16.50
On street railways, per $1,000	4.75
On telegraphs and telephones, per $1,000	3.20
On steam railroads, per $1,000	2.75

How is it in other states? How long do

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farmers and home owners propose to stand such discrimination? Let us fully realize that every dollar of just taxation that the railroads escape, is shifted to the backs of the people; and every dollar of just taxation that the rich escape, is shifted to the backs of the poor. Has this shifting of burdens from the powerful and rich to the backs of the weak and poor always been done? Will it always continue? Will the spread of intelligence, moral courage and determination, and a realization by the masses of their right and their power, correct this evil?

* * * * *

DR. C. F. TAYLOR; Dear Doctor:—I want to thank you for your "Monthly Talks," which I have enjoyed for years. I don't always agree with you. I don't expect to, nor do you expect me to; but nevertheless, it is worth while to occasionally set people to thinking. I am with you in nearly all your reform movements, especially your opposition to trusts and to the rapid concentration of wealth in the hands of a few. But what can we do about it? That is the question that most interests me. I have read Lloyd's "Newest England." His plan may solve it for New Zealand, but it must be modified to suit us. However, I believe that "God's in his world," and success comes to those who work for it. Won't you give us a list of the best paper bound books on reform subjects, such as tax reforms, labor problems, profit sharing, cooperativ labor, etc. You must know of lectures and addresses, as well as cheap books, upon these subjects which those who love your "Monthly Talks" would, many of them, like to read. I have just finished "Organized Self-help," mentioned in June "Talk," and like it very much. I take my vacation reading upon these questions. WM. GREAVES, M.D.

Northfield, Minn.

My dear Doctor, it is not necessary, nor is it even desirable, that we should all think alike. This would result in a tiresome monotony. But, as you intimate, it is important that we *all think*. Then if we all search for truth and fact, and think honestly, we will agree sufficiently to be able to unite in correcting the worst of our evils, and thus get nearer to an ideal economic justice.

My wish and hope is to inspire every doctor to take as much interest in these questions as you do. Then our country would take on a rapid movement for progress, leaving old sham issues and old sham leaders behind.

As to paper bound books, inexpensiv but intrinsically valuable, allow me to modestly mention "Rational Money," "The Land Question from Various Points of View," "The Telegraph Monopoly," "Direct Legislation," "Public Ownership," and "The Bondage of Cities," publisht at this office at 25 cents each; also "The City for the People," a large book of over 700 pages, devoted largely to municipal problems, 50 cents in paper, or $1.00 in cloth. You will notice that most of the leading public questions are covered in the above list. If a purchaser of any of the above should be dissatisfied after reading, his purchase money will be willingly refunded on return of the book or books. Other books on other subjects are in course of preparation. These books are known as the "Equity Series."

Partisan loyalty compels many men to apologize for deeds done by their own party which if done by any other party would receive their most unsparing condemnation.—New Era.

Practical Points.

As a brain and nerve tonic it has stood the test of 17 years, and is still unequaled for the treatment of paralysis, locomotor ataxia, epilepsy, neurasthenia, senil and general debility, mental failure, debilitating losses, spinal weakness, nervous dyspepsia, all troubles affecting the brain, nerve centers and spinal cord, and as a safe and powerful aphrodisiac. Quoted from I. O. Woodruff & Co.'s advertisement on page 17—referring to that well known and time tried remedy—Freligh's Tonic. Samples will be sent free, not only of the Tonic, but of the other Freligh remedies as well. See advertisement.

As an antiferment to counteract the intestinal putrefactiv processes in the summer diarrheas of children, Listerine is non-toxic, non-irritant and non-escharotic; furthermore its compatibility with syrups, elixirs, etc., renders it an efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, etc. An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine—Lambert Pharmacal Company, Saint Louis.

You are particular about the quality of the drugs used on your prescriptions, why not also be particular about the quality of such aids as malt extracts? John F. Betz & Son, Ltd., of Philadelphia, are a well known, old and experienced firm of maltsters. Read the advertisement of their Goldbeck's Malt on page 9 of this issue.

I have used Bromidia in cases of insomnia, restlessness and threatened convulsions, with surprising results, finding a dose of from fifteen drops to one dram to be sufficient according to age and how often to be repeated. I have combined Bromidia with Papine where I wished to annul pain with excessiv nervousness, the combination acting very happily also in bladder troubles. I use Bromidia and Papine very much in my family.—Chas. E. Quetil, M.D., Philadelphia, Pa.

Keeping the mouth clean, is as all physicians know, always important, and sometimes seriously important. If you have not yet tried Pyrozone for this purpose turn now to the advertisement on page 6 and read what is there said of it. Send for their literature.

In the cases of disturbed stomachs, malnutri-

(Continued over next leaf.)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association;

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

Cramps.

This blessed term, like charity, covers a multitude of sins—sins of diagnostic ignorance. The cramps due to indigestion may be caused by increast or deranged peristalsis, or by the accumulation of feces or gas. They occur at all points of the alimentary canal, but the presence of gas is excluded by percussion. Deranged peristalsis and constipation generally yield quickly to high enemas containing turpentine, and cathartics by the mouth. In any severe case of cramps of any kind, it is always wise to give a generous hypodermic dose of morphin to obtain relief, and repeat if necessary. Always guard it with atropin, for this drug is in itself valuable. Allow sufficient time for the morphin to take effect, but do not allow the patient to endure agony thru your not being able to estimate the physiological limitations of the drug. Complete the case by saline cathartics and diuretics. The ordinary gastro-intestinal cramp which recurs with markt regularity in certain patients is commonly permanently removed by a continued course of laxativs and digestants.

Outside the gastro-intestinal variety, almost all cramps are due to a saturation of the system with uric acid; and the wise patient will accept the advice of the good doctor who recommends a protracted course of treatment in the intervals between attacks; the medication suggests itself.

The cramp so common in the arm, leg,

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and foot, is commonly due to a rheumatic diathesis. Occurring at night or in the early morning, it is intensly painful. Forceful muscular movements in opposition to the contraction of the affected muscles, such as pressing the foot against the foot-board of the bed, flexion or extension with the hands, or jerking a cord tightly with a quick motion about the affected limb, will generally "break" the spasm instantly. It is generally impossible to induce patients who suffer from this form of cramps to institute treatment, however severely they suffer during the attack. They think the doctor can "give something" that will give immediate relief; and this is obviously impossible, since the uric acid has been accumulating in the system for months or years and can not be eliminated except by a prolonged course of treatment. Saline cathartics and activ diuretics, with the ingestion of at least two quarts of pure water per day ("soft" water preferred), if persisted in, will cure all such cases.

A Definit Standard for a Medical Education.

We have had much controversy in years past as to the proper education of physicians, but generalizations, mostly, were indulged in. Here we have something definit:

The Michigan State Board of Registration in Medicin, at its meeting held in Lansing, June 11, 1902, the following resolution was passed:

Resolved, That a satisfactory medical diploma shall be of the following minimum standard, viz.:

MINIMUM STANDARD OF PRELIMINARY EDUCATION

A certificate of graduation from an approved and reputable high school, academy, college, or university with the following minimum requirements:

GROUP I.—ENGLISH LANGUAGE.

(*a*) English Grammar.
(*b*) Rhetoric and Composition.

GROUP II.—HISTORY.

(*a*) History of the United States, as presented in McLaughlin's History of the American Nation, Johnston's History of the United States, or equivalent text.
(*b*) General History as presented in Myer's General History, or equivalent text. Greek and Roman History or English History will be accepted as a substitute for General History.

GROUP III.—MATHEMATICS.

(*a*) Algebra—Fundamental rules, Fractions, Simple Equations, Involution and Evolution, the Calculus of Radicals and Quadratic Equations, as given in Olney's Complete School Algebra, or Beman and Smith's Elements of Algebra, or some equivalent text
(*b*) Geometry—Plane Geometry as given in Beman and Smith's Plane and Solid Geometry, or equivalent text.
(*c*) Plane Trigonometry, as given in Wentworth's Trigonometry, or equivalent text.

GROUP IV.—NATURAL SCIENCES.

(*a*) Physics, as presented in Carhart and Chute's Elements of Physics, or an equivalent text.
(*b*) General Biology, or Botany and Zoology, as presented in Sedwick and Wilson's General Biology, or Spaulding's Introduction to Botany and Kingsley's Comparativ Zoology. These courses will be accepted only when accompanied by laboratory work.
(*c*) Chemistry, as presented in Freer's Elementary Chemistry, or an equivalent amount of work in Remsen's Introduction to the Study of Chemistry.

GROUP V.—MODERN LANGUAGES.

(*a*) German or French—The applicant must be able to read French or German. This requires for one not born to one of these languages, two years of school work.

GROUP VI.—LATIN.

(*a*) Grammar.
(*b*) Prose Composition.
(*c*) Reading—Four books of Cæsar's Gallic War.

MINIMUM STANDARD OF MEDICAL EDUCATION.

LECTURES AND TEACHING.

80 hours in Electro Therapeutics.
160 hours in Physiology.
100 hours in Patnology.
80 hours in Histology.
200 hours in Practise of Medicin.
100 hours in Obstetrics.
60 hours in Bacteriology.
15 hours in Medical Jurisprudence.
160 hours in Anatomy.
160 hours in Chemistry and Toxicology.
130 hours in Therapeutics.
30 hours in Hygiene.
200 hours in Surgery.
30 hours in Gynaec logy.
48 hours in Diseases of the Eye and Ear.
100 hours in Pharmacology.

LABORATORY WORK AND DEMONSTRATIONS.

240 hours in Anatomy.
120 hours in Pathology.
100 hours in Histology.
120 hours in Bacteriology.
36 hours in Obstetrics.
60 hours in Eye and Ear.
180 hours in Physiology.
180 hours in Chemistry and Toxicology.
200 hours in Surgery.
120 hours in Practice.
32 hours in Dermatology.
120 hours in Gynecology.

The medical course to cover a four years' course of not less than six months in each year, no two courses to be taken in one year and the beginning of the fourth or final six months of such course shall be dated from October preceding the year of the final examinations for the degree of M.D.

Have We Too Much Specialism in Modern Medicin.

M. S. Caldwell, writing from Vienna, Austria, to the Journal of the American Medical Association, describes the vicissitudes of practise in India. Among other things, he notes that the most celebrated operator on cataract in all India, and who has done over 7,000 cataract operations, is is a general practician. He cites another general practician whom he saw do major operations, complete six cataract operations, operate on hemorrhoids, perform a difficult cystotomy, and attend an entire ward of strictly medical cases, and do all with skill and dexterity, in the course of one afternoon. "He is a living refutation of the idea that for thoro efficiency in the practise of medicin it is necessary to divide into an infinit number of specialties."

Presumably there are as good men practising medicin in the U. S. as in India, and many more of them in proportion to the population. How is it that specialism

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with us has attained such proportions? Is it because of the inefficiency of the general practician? We do not admit it. There are men practising today in mountains and swamps who are the peers of Wood, Agnew, Loomis, Parvin, Stille, Osler, Kelly, and Senn. They are specialists in therapeutics, surgery, medicin, obstetrics and gynecology; in short, their "practise is limited" to diseases of the skin and parts and organs contained therein. Any man of ordinary ability who has graduated with a good record from any of the great medical schools, and who is well equipt for practise, and is thoroly in earnest and willing to work, can manage a general practise and satisfy himself and his patients in the lines of all the specialties.

Admitting that the specialists may acquire experience and manual dexterity by gratuitous service in hospitals where patients well able to pay their doctor are treated free, we still insist that practising medicin from "experience," or in other words empirically, is not particularly meritorious. And this is just one of the things specialism does; it makes one have a tendency towards empiricism. If, then, manual dexterity be the great feature in specialism, we would better revert to the old custom of training hired barbers to perform the manual manipulations with instruments, and thus retain the fee in our own possession.

The medical publishers of today place in our hands literature which gives us the sum of all knowledge upon any subject, either general or special. These works are printed in no strange tongue, and no weird sesame is required to unlock their treasure vaults. Numerous medical journals whirl daily into every corner of the world. There is no excuse for any doctor permitting any specialist to know more of a given subject than he. Then, only one other factor can enter the case; either the general practician has been derelict in the duties of his profession, or the keystone of the arch of specialism rests alone on manual dexterity. Why not, if the general practician has a clear conscience, return to the regime of barber surgeons?

Certainly we do not say that every general practician might cut out a stomach as quickly, easily, and pleasantly as some surgeon specialist might, but we do say that there can be no apology for his not being able to know just how and why it is done.

If the creation of specialties continues at the present rate, it will not be long until the duties of the general practician will be merely to refer the patient to the proper specialist. We now have all of the following, with more to come: Gynecology, obstetrics, pediatrics opthalmology, laryngology, diseases of the chest, diseases of stomach and bowels, proctology, genitourinary diseases, venereal diseases, dermatology, neurology, etc.

Surgery is hardly a specialty, any more than the practise of medicin can be considered a specialty. Surely the competent surgeon ought to be able to operate upon any organ in the body of the man, woman, or child. As the surgeon should be able to handle the knife in any and every case where the knife is a necessity, so should the general practician be able to handle any and every medication that could possibly be required by any organ in any patient.

The specialist is not a kind of mysterious god; he gets his knowledge where we get ours; and if we do our full duty, he knows no more of the symptomatology, diagnosis, prognosis, therapeutics, or management of a case than every country cross-roads practician *should know*. The fact that 75,000 general practicians have failed to be constant students is the reason why specialism exists. They wax rich because of our indolence.

"They have had the advantage of study in European clinics." The clinics and teachers of Europe who excel our American workers may be counted upon the fingers of one hand and still leave a finger or two to point the average doctor to many neglected duties.

Harp as we may upon the philanthropy of our profession, and put on all the irfnges of charity, benevolence, betterment of the race, alleviation of misery and suffering, etc., the fact remains we all work to live and have something over. Those who hope to live in ignorance and idleness because they have attacht M.D. to their names must work or die. Those who have taken up specialties must be taught that they have narrowed down to a branch. The world does not revolve around the vulva, eye, lung, or other organ. The specialist should tip his hat to the general practician instead of the general practician submitting a patient in fear and trembling.

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Phenacetine was patented in this country in March, 1889. When the patent runs out, watch the price tumble to about one third or one-fourth the present price. The life of a patent in this country is seventeen years; so we can look for the "tumble" about March 26, 1906. But don't feel particularly sorry for the manufacturers, for they will still make money. Switzerland allows no patents on medicins; however, phenacetine is sold there, but at about one fourth the price charged here, and presumably at a satisfactory profit. A higher price is charged for it in this country than in any other country—but *only four years more!*

Prayer for Dyspepsia.

The following is a Christian science "treatment" for dyspepsia, for which a fee of from $1 to $5 is charged. It is said that credit is not extended under any circumstances, as that interferes with the success of the treatment—an example that regular physicians could folllow with profit to themselves, and perhaps to their patients.

"Holy Reality, we believe in thee and that thou art the only reality in this patient's stomach. We will never say how sick we are. 'Thou art not sick.' Indeed, nothing in this universe is, or ever was, sick, or ever can be. Forgive us that we talked of our aches and said our food hurts and that we thought medicin would help us. We know that there is no such thing as a diseased stomach. It is a carnal mind given over to the world and the devil! It is a mortal twist, a false attitude, a 'Harmatia' of thought. What seems to be a disease is a parasite, the shadow of a 'lie.' Help us to affirm that we have no dyspepsia, never had dyspepsia, never will have it, that there is no such thing, that there never was any such thing, and never will be. Amen!"

"Subscriber (many years)" is informed that we cannot publish any communication unless it is accompanied by the name and address of the writer. However, we will not publish name when requested not to do so, but we think that name should be publisht in every instance unless there are very good reasons for not doing so.

Date and Cause of Death of the Dead Presidents of the United States.

George Washington, December 14, 1799, pneumonia.
John Adams, July 4, 1826, debility.
Thomas Jefferson, July 4, 1826, chronic diarrhea.
James Madison, June 28, 1836, debility.
James Monroe, July 4, 1831, debility.
John Quincy Adams, February 23, 1848, paralysis.
Andrew Jackson, June 8, 1845, consumption.
Martin Van Buren, July 24, 1862, asthmatic catarrh.
William Henry Harrison, April 4, 1841, pleurisy.
John Tyler, January 17, 1862, bilious fever.
James K. Polk, June 15, 1849, chronic diarrhea.
Zachary Taylor, July 9, 1850, bilious fever.
Millard Fillmore, March 9, 1874, debility.
Franklin Pierce, Oct. 8, 1869, inflammation of the stomach.
James Buchanan, June 1, 1868, rheumatic gout.
Abraham Lincoln, April 15, 1865, assassination.
Andrew Johnson, July 31, 1875, paralysis.
Ulysses S. Grant, July 23, 1885, cancer.
Rutherford B. Hayes, Jan. 17, 1893, paralysis of the heart.
James A. Garfield, September 19, 1881, assassination.
Chester A. Arthur, November 17, 1886, Bright's disease.
Benjamin Harrison, March 13, 1901, pneumonia.
William McKinley, September 14, 1901, assassination.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Malarial Hematuria.

Editor MEDICAL WORLD:—I do not often contribute to a medical journal, and do not like to presume too much on the patience of the many readers of your valuable periodical; but I can hardly allow such an article as Dr. Wilson's, in the August number, pages 324 to 327, to pass without at least a mild protest. I have been for the last eighteen years engaged in the activ practise of medicin among a people who are much subject to malaria in all its forms, and I have treated in that time ten cases of a malignant form of malarial hematuria and a large number of milder cases, and I feel that I am in a position to offer some thoughts that may be of interest to the profession not so situated, especially as I have given the disease very close attention both as to its etiology and treatment.

The first proposition the Doctor advances is that we have all been wrong in our theories as to the etiology of the disease; that the malarial poison does not cause it; and that quinin does, at least if not always preceded by a dose of calomel; that the hemorrhage is caused by the ineffectual efforts of the system to rid itself of the drug. If that be true, then all we have to do to cause a hemorrhage from the kidneys is to give our patient a few doses of quinin; and of course there can be no such disease as malarial hematuria, but just simply quinin hematuria; and if you want to cure your hemorrhage, just stop the quinin. How simple! Further, he claims that if the hemorrhage is once stopt, it will be again repeated on the resumption of the quinin treatment. I can't help but think that the Doctor is drawing on his imagination; for I must say that my experience has been almost the reverse of his, and I am sure I am

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not prejudiced either for or against the use of the drug, but want to give the facts as I have found them at the bedside of my patients. I have given quinin in every case that I have treated; not the first thing sure, but after clearing out the alimentary canal and kidneys so that the drug could be absorbed into the circulation; and I have never yet seen a return of the hemorrhage if the treatment was kept up. One patient had a return of the disease two years after the first attack, and died in a few hours. So far as I know there was no quinin administered, as the patient died before medical help could be obtained. One of my patients, a young lady, had a severe attack and was treated in my usual way. She was fairly convalescent, the hemorrhage had ceast, the skin had cleared and she supposed she was well enuf to discontinue her medicin, which she did on the eighth day. On the tenth day from the first illness she was again seized with a violent hemorrhage and died before I could see her. There are a dozen men and women living to-day to my certain knowledge whom I have treated in years past for malarial hematuria who are now in good health and have never had a return of the hemorrhage, altho they have had other attacks of malarial fever, and I have invariably given them quinin in each attack.

The Doctor overlooks the fact that malarial hematuria only occurs in intensely malarial localities, and that the subjects of it are usually saturated with the malarial poison for months before their attack, and who often neglect the simplest precautions to prevent the disease. They do not take quinin in sufficient dose or regularity to do them any good, and when they become about dead on foot, so to speak, they purchase a few grains of quinin, usually ten cents' worth, and take a few small doses, generally about the time the hemorrhage commences or after, and when the doctor comes he is pointed to the vial of the drug as the only medicin taken, and he forthwith jumps to the conclusion that he has a case of quinin poisoning, just like the boy who discovered a saddle under the bed and claimed that the bed's occupant had swallowed a horse. I personally know hundreds of people who live in the bottoms of the Ohio and Mississippi rivers who buy quinin by the ounce and issue it out as a regular ration three times a day in the sickly season. These families never call a doctor for malaria; and unless, as sometimes occurs, typhoid gets in their families, they enjoy good health and live to a ripe old age without hemorrhages. It is the other fellow who neglects taking quinin and "chill tonics" that has to call the physician for pernicious malaria, malarial hematuria, etc. I do not believe that quinin ever caused a single case of hematuria, and I do not believe that a single case ever occurred in a person who took quinin or other cinchona derivativ in sufficient doses the proper length of time as a preventiv, and I say this after an extensiv practise during eighteen years among all classes of people, and for the last sixteen years I have kept a careful record of each case, and have had an intimate knowledge of each patient's history.

The Doctor mentions that the disease first occurred in the South where large doses of quinin are given; but that in New York where small doses are prescribed there is no hematuria. I wonder if it never occurred to the Doctor that there is much more malaria in the South than the North; and that it is as useless to give a large dose in New York as a small one in Florida. If the Doctor will observe closely, he will soon discover that malarial hematuria only occurs in an intensely malarial locality, depending upon local conditions of soil, water, and drainage, combined with temperature, and much modified by cold and sunlight. The Doctor also remarks that so far as he knows the disease never occurs north of Mason and Dixon's line, and that pure negroes never have it. All my cases were seen in Illinois, and in the year 1890 I treated a negro as black as the ace of spades for the disease. The hemorrhage was severe and finally filled the bladder, and I could not remove it and lost him. He resided on the edge of a swamp when he took sick. He had been a soldier in the Civil War.

I believe malarial hematuria always to be the result of intense malarial poisoning that causes a breaking down of the minute blood cells and the liberation of the constituents of the blood usually retained in the circulation. The hemorrhages may occur, and often do, in the brain, causing the comatose attacks of pernicious malarial fever.

I do not believe that when first called to a case that it is of any use to give

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quinin until the blood is cleared of the accumulated toxins caused by the malarial plasmodium, over which the drug has no influence; but after their riddance, which is best accomplisht by free purgation with calomel, and by salt water enemas combined with salines and diuretics, then the administration of quinin is indicated and may be combined with arsenic and strychnin. My routine treatment has been the free use of calomel and Epsom salts to purge, turpentine to control the hemorrhage, the potash salts to promote diuresis, counteracting the coldness of the surface by hot applications, morphin and atropin to control nervousness, and after free action of the bowels and kidneys, quinin, Fowler's solution of arsenic, iron and strychnin as a tonic and to prevent relapses, and I have, I think, been very successful since I adopted this line of treatment. M. L. WINSTEAD, M.D.

Wetaug, Ill.

Malarial Hematuria.

Editor MEDICAL WORLD:—I beg to disagree with Dr. Wilson (Aug. WORLD, pages 324 to 327), both as to the cause of malarial hematuria and as to its treatment. This is a malignant form of malarial fever due to the absorption of an excess amount of malarial poisoning. I agree with Dr. Webb, of Alabama, that the mere fact of blood in the urin is of minor importance, and we should never direct remedies specially to the arrest of this symptom. I believe it dependent on the condition of the nervous system, and by using remedies to remove this evil, the cause will be eliminated and the pernicious symptoms will cease. I believe sulfate of quinin is the remedy, if given at the proper time and in large doses. The bowels must be freely opened with calomel in doses of from ten to twenty grains every two hours. It requires a great deal more of the mild chlorid than in ordinary intermittent fever. I have my first case yet to see salivated. Some of my patients have taken as much as a dram of calomel in divided doses. As soon as I get several movements from the bowels I commence the administration of quinin. Quinin given at this stage will be rapidly absorbed and assimilated, and if the proper dose is given, in twenty-four hours you will note quite a change for the better. My initial dose is twenty grains followed every two hours with ten grains until thirty to forty grains are given in four hours. In twelve hours after giving the last dose you will observe that the hemorrhage is arrested and the urin clear. This was the result in each of the last four cases I treated. I believe that the administration of quinin temporarily increases the hemorrhage, but the hemorrhage is not the danger; it is the depression of the nervous system; and as soon as the cause is removed (which is malaria and quinin is the antidote) all the pernicious symptoms will rapidly subside. If the drug is not retained by the stomach it should be used hypodermically. In most of my cases I had rebellious stomachs to contend with, and I dissolved the quinin in tartaric acid and gave it hypodermically. The first two cases I saw (in consultation) quinin and calomel were given in ordinary doses and the usual hemostatics were used, such as turpentine, iron, ergot, etc.; both of these patients died. The next patient (my own): I was called to see a boy about six years old. I decided not to give quinin and to depend on calomel, gallic acid and ergot, and phenacetine to reduce fever. The patient was up in three days. In a day or two he was seized with another paroxysm of chill and fever followed by hematuria and jaundice, and died in three days. I believe if quinin had been given to anticipate this paroxysm, he would have recovered. I have had four cases since, in which quinin was used in large doses at short intervals, and they all recovered.

Of course I employ the usual remedies to allay nausea and restlessness and, sustain the patient by appropriate food and stimuli. I do not give hemostatic remedies, as there is great danger of suppression of urin from the irritating effects upon the kidneys. I like the use of hot baths where a tub is available, to increase the action of the skin and relieve the internal engorged organs.

Answers to questions given by Dr. Wilson:

(1) Five cases in my practise and two in consultation in the past six years.

(2) Four recovered and one died from not using quinin (in my practise).

(3) No.

(4) No.

(5) To first part of this question, no; to second part, yes; with remedies related above.

(6) I do not reject quinin.

Rowesville, S. C. A. O. BOWMAN, M.D.

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Malarial Hematuria.

Editor MEDICAL WORLD:—After carefully reading an article in the last WORLD (pages 324 to 327) regarding the etiology of hematuria during malarial fever, I feel it my duty to express my views to the WORLD readers as regards its etiology. I live in a section where malarial fever is a common, every-day occurrence, and where we have what we locally term hemorrhagic fever, or yellow chills, both of which are neither more nor less than malarial fever associated with that dreaded symptom, hematuria. While I can find no fault with the writer's treatment, I cannot say that we agree as regards the etiology. I do not advocate the administration of quinin after the urin is even slightly tinged with blood; but it has been my experience that if it is judi ciously used early in an attack of malarial fever after the patient has been thoroly purged with calomel, its effects are almost universally beneficial. We all know that quinin aggravates any case of hematuria, regardless of cause, and it should be discontinued as soon as presence of blood is detected in the urin. If it were due to disintegration of the blood corpuscles by the quinin, it would be unsafe to ever give quinin except in infinitesimal doses, which we must admit would have very little effect in destroying the plasmodium malariae. It would prove dangerous even when given in uterin inertia during parturition, if this were true. Another thing that convinces me that it is not the quinin is the fact that in this part of the country it is often difficult to make a differential diagnosis between typhoid and malarial fever at the outset, and it has been my practise, as well as that of many others in this section, to apply the therapeutic test in these cases, and give quinin in doses of from 3 gr. to 5 gr. every four hours for three or four days, and I have never had a case of hematuria to occur after administering quinin in this way. In fact, it has been my experience that most cases of hema turia occur not after large doses of quinin, but where the emunctories act very deficiently, especially the skin, liver and bowels, thereby throwing an extra amount of work on the kidneys, causing congestion of them. A greater amount of the effete toxic material having to pass thru them, causes desquamation and disintegration of the renal epithelium.

I repeat that in malarial fever quinin is the sine qua non except during the hemorrhagic stage, when it should be discontinued by all means. As regards drugs, such as ergot, etc., which cause nausea, I will state that I have never seen a case of malarial hematuria except it was associated with nausea, and often to such an extent that the patient can retain neither nourishment nor medicin.

In malarial fever I first give 8 grs. to 12 grs. of calomel, followed by salts, and follow this with 3 grs. to 5 grs. of quinin every 3 hours, giving bromid if any symptoms of cinchonism. If fever is very high, give hot foot baths and sponge with cool water; also give from 1 gr. to 4 grs. of calomel every day thereafter, depending on the condition of the patient, until the emunctories are acting nicely. Have found, if we see our patients early and follow these directions, malarial hematuria will be almost obsolete. In the country I have seen cases of malarial hematuria that had taken no quinin at all. Have also seen a few cases among negroes.

Treatment of hematuria: Stop quinin. Give an additional dose calomel, followed by salts. Then give turpentine 8 gtts., with aromatic sulfuric acid 10 gtts., every 4 hours. Give hot foot baths; also copious drafts of hot water containing bicarbonate of soda. If patient is very restless, give morphin hypodermically, as absolute quiet is very essential. J. P. WIMBERLY.

Scotland Neck, N. C.

Phantom Pregnancy.

Editor MEDICAL WORLD:—In August WORLD, page 321, I notice an article written by Dr. A. M. Du Bois. He claims that an experienced physician can always tell a phantom pregnancy; he also states that in his experience this condition always occurs in women of highly wrought, nervous and sensitiv organization. I have all the respect for the advice of an old physician, but having practised over twenty years myself, must differ on the easy diagnosis of such a case. About twelve years ago I was called to a lady, who told me she wanted an examination, to see if the child lay all right. She had never had any children, but wisht for one many years She told me menstruation stopt about six months before; her age 35 years. She had morning sickness the first two months; her breasts were enlarged and her abdomen was of the size usually expected. I made a thoro examination

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but could not detect anything. She was a peculiar lady; phlegmatic in contradistinction to Dr. Du Bois' case. I told her if she had a child in the uterus I could not detect it. This surprised her very much, and in her mind if she did not say it, she thought I knew nothing of the case. She requested counsel and I advised her to wait a month or so, to which she consented. Two months afterwards I called in an experienced physician, who after making an examination, advised to wait until the time for delivery should come before doing anything else; she being very large and full in the abdomen, he thought it might be a tumor. Well, I waited and waited. One day, about three months after the last examination, I met her in town and she called at my office. I askt her how the baby was; she laughed and said it was a fizzle. She related to me as follows: One night after carrying the supposed child for nine months and three days, on going to bed she told her husband she surely would get thru with it by morning, and that he should be ready to go for the doctor at any moment. She had pains, which gradually passed off. Next morning on arising she found she was as flat as in her girlhood days. I was satisfied all along that I had a phantom pregnancy, but could not be sure of the fact, as it might have been something else.

JULIUS WESSELOWSKI, M.D.

Jewell, Kan.

Non-use of the Forceps.

Editor MEDICAL WORLD:—I hope that you will indulge me in this effort to add a few thoughts to the masterly article by Dr. A. C. Gore (August WORLD, page 328) on the use, or rather non-use, of the forceps. I am emboldened to this by my long experience in the practise. In obstetrics it is important to start right. When called to a woman who suffers pain, but in whom I find no dilation of the os, I do not conclude that there is inertia, but I give a dose of morphin as a feeler; if the pains are premature, they cease, and I go home. But when nature seems to be in earnest about it, I then "enlist during the war," without any instrument except my natural digitals. I not only take large doses of Dr. Gore's prescription of patience and common sense, but I freely give it to all concerned. I explain to them that each pain that appears to them to be useless is helping to press the child's head to make it longer and more narrow; that this narrowing of the child's head must be done gradually and slowly or serious consequences may result.

Well, the facts are that for the last forty years of my practise I have not met a case but what the woman brought her child into the world without any instruments except the aforementioned digits; and none died in consequence of a protracted labor, unless memory fails to serve me. My obstetric calls have not been above the average, as I never was a "blooming" favorit, in consequence of my inclination to "rest on my oars." After a woman had suffered a long time I eased my conscience with the reflection that if instruments would shorten the labor they would likely shorten the fetus' life and lengthen the after confinement of the woman.

In the first year or two of my practise I had a little experience in two cases with instruments, both of which ended very unsatisfactory. Hence my aversion, not to the proper and skilful use of them, but simply to the abuse of them. This is the head at which we are hitting. Sometimes when the case seemed to be a little desperate I have consented to have counsel sent for; but in nearly all cases the doctor from some other village arrived about the time the new arrival was ready for presentation to company.

Of course I have had infants to arrive stillborn, have had puerperal fever to treat, and have lost cases, like other physicians, but in my obstetric work I feel that there surely was "luck in leisure;" when that great day comes I want to be able to say to all women, and to all others: "Thou canst not say I did it. Shake not thy gory locks at me." J. H. OATLEY.

New Philadelphia, Ind.

Forceps vs. "Resting on Your Oars."

Editor MEDICAL WORLD:—Dr. A. C. Gore (August WORLD, page 328), in commenting on Dr. J. H. Phillips' applying forceps and relieving patient of unnecessary suffering in uterin inertia, says that when he has such a case he "takes sixty grains of patience, forty grains of coolness, and dissolves in one ounce of levelheadedness." He swallows that himself. If the inertia has not begun to "let up" in a reasonable time (what length of time that is he does not state—whether it is an hour or more), he will then give his patient

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five grains of quinin, and instill into her aural canal a few drops of pluck, patience and submissivness, flavored with a little silence. And then he "rests on his oars" a while, and if the inertia is still on hand at the end of an hour or so, he will administer ten drops of tinct. nux; but while he has been watching and waiting on the above remedies, he has been using friction over the womb, etc., in hope of exciting contractions. Takes another "rest on his oars"; if the inertia still "will not down" (which it generally will not), he gives another dose of quinin and tinct. nux, using friction as before; then rests a while (on his oars?), and he says he keeps on doing "this way" till the older children spring up in bed and begin to yell: "What's that?" "What's that?" Then they are informed that the doctor has brought them a little brother or sister, as the case may be.

The Doctor says he does not know whether to attribute his good luck to the "remedies" he uses or to his "resting on his oars" so much.

Well, Doctor, there are some things which you failed to mention, which I would like to know: While you gave your patient the quinin, and instilled into her aural canal a few drops of pluck, patience and submissivness, flavored with a little silence, how many pounds of unnecessary torture did she have to inhale? how many ounces of anxiety did you mix with your flavored silence? how many milligrams of relief did you administer to her while you were "resting on your oars"? or did you let her "paddle her own canoe" while you were "resting on your oars"? I rather think she did considerable toward "paddling her own canoe" while you were "resting on your oars."

Now, don't you think it would have been more scientific to have taken sixty grains of sympathy instead of the patience, forty grains of skill with your coolness, and dissolved them in one-half ounce of the knowledge of the use of the forceps, and then instead of "resting on your oars," do as Dr. Phillips did, apply the forceps and give your patient a ton of relief, instead of "resting on your oars" and letting her inhale tons of suffering?

That is the way I do. The patient will always thank you for administering such relief; and the next confinement she has you will be sent for to deliver her, if you can be gotten; and if she has the same kind of trouble she will insist on the use of the forceps. I have used the forceps many times and have never had cause to regret it yet.

I don't understand why some doctors look upon the use of forceps as a torture or cruelty to the patient. The forceps are neither a torture nor a cruelty; but when properly or skilfully used, they shorten prolonged labor, relieve the suffering woman of many a pain that she otherwise would have to endure. Tho you "flavor" her with all the "silence" you can get her to muster up, the suffering is there just the same; and all the "flavoring silence" does is to keep the doctor from being annoyed while he "rests on his oars" and lets his patient "paddle her own canoe." There has been no relief afforded by the "flavor" at all, so it is a very poor flavor after all. There is no doubt but that most any old granny woman can do as much good for the suffering woman by "resting on her oars" as the Doctor does by resting on his oars.

It is our duty, as physicians, to relieve the suffering of our patients as soon and as skilfully as the advanced science of modern medicin and surgery affords us the means wherewith to perform this. The laity should be taught that use of instruments is not for torture, but for the relief of the torture that they are already in. Of all the articles that I notice where the use of the forceps is condemned, I fail to see why the forceps are condemned—only because the writer says that he "does not use them." That is about all the reason that he gives; or he may give some other man's statistics, where he delivered quite a large number of cases successfully without the use of the forceps. Well, suppose this is the case, and we don't question the statistics, how much pain could have been prevented in many of those cases if the forceps had been used? and the patients would have had just as good a recovery as they did have. If not, why not? Why are we not justified in using the forceps in prolonged labor, if for nothing else but to, as Dr. Phillips says, relieve the patient of unnecessary suffering?

If we take statistics for our rule, how many cases are there that have been delivered by old women that did not know even the pelvic bones? And some of them did not change the patient's clothes until the ninth day after delivery; and antisep-

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tics were unknown to them; yet thousands of such cases made good recoveries. Who dare advocate that way of delivery in this day? E..M. WILKINSON, M.D.

Cook, Va.

Hydrocephalus.

Editor MEDICAL WORLD:—In my practise I have a case of hydrocephalus which has been of interest to me, and thinking it might be to some others, I send a report of it. The child is three months and five days old; the mother was delivered by a midwife, having no other assistance; history of labor, normal in every way. When child was three weeks old I was first consulted and found it restless, both day and night, with circumference of head eighteen inches. I placed it on bromids and iodids and have been seeing it frequently since. Yesterday, in company with my colleag, Dr. Gowans, we measured the head and found it to be twenty-seven inches; baby lethargic and dull; eyes diverted downward from pressure; body development very poor. Child restless except as controled by Peacock's bromids with neurosine. I have many times consulted with the parents about removing the fluid, but as yet they have not given their consent, so it now exists as above described.

I do not report this case so much because of the hydrocephalus, as for its rapid development and great size in a child so young. The history of the family as to specific or tubercular disease is negativ. I have never seen a case at three months with a twenty-seven inch head. Neither do I find any account of such in my authorities. C. N. RAY, M.D.

Mt. Pleasant, Utah.

Puerperal Peritonitis.

Dr. F. S. Whaley, of Compton, Cal., treats puerperal peritonitis successfully by use of morphin internally (to give the inflamed part rest), and mercurial ointment freely externally, to abdomen, groins and inside of thighs. When the patient can cough or bear pressure without pain, he removes the mercurial ointment by means of sweet oil and dry cloths to wipe it off. He uses mercury in this way because it can be thoroly removed as soon as it has done its work, and without disturbance of the abdominal viscera, the covering of which is the seat of the inflammation.

Sulfocarbolate of Zinc in Typhoid Fever.

Editor MEDICAL WORLD:—I first give calomel to clear the intestinal canal. To render the intestinal canal aseptic I have found the sulfocarbolate of zinc best because it can be given in doses to render the canal aseptic without doing any harm locally or by absorption into the blood. It can be given as high as sixty grains per day without any harm. The object is to only render the stools odorless and keep them so. When this is done, we cut off all symptoms due to intestinal conditions. We find that our case has lost two degrees of fever, the temperature falling below 103°—the point where cold baths are used; the diarrhea, delirium and cardiac debility have disappeared; later delirium, hemorrhage and suppuration of Pyer's glands fail to occur; the tongue is moist, and loses its typhoid character. In short, the disease is reduced to a harmless affair, and its course is shortened, if the drug is pure, and has been used from the first.

Thackery, Ill. Z. R. MILLARD, M.D.

Typhoid Fever.

In all cases where typhoid tendency is suspected, I first cleanse the alimentary canal with five to ten grains of calomel with twenty to forty grains of pulv. rhubarb, given at bedtime, followed next morning with one-half to one ounce of solution of phosphate of soda, as needed to complete the work and leave the tract in an alkalin condition. Then when the fever begins to rise, I give fl. ext. verat. viride in water, one-tenth to two minims every half to four hours, as indicated by rise and fall of temperature and the heart's action. In case of a weak heart it is contra-indicated, and cold applications only should be used, with heart tonics; but in most cases I find it acts admirably in conjunction with alkalin sponge baths or cold packs, and last but not least, I order antiseptic enemas in sufficient quantity to thoroly cleanse the large intestin from once to twice each day until every particle of tenderness in the right iliac fossa has disappeared; the best that I have found for that purpose is either carbolic acid or thymol in thoroly boiled water. While this treatment may not abort the disease, yet I cannot help but believe that it greatly modifies it, as I have used it and watcht its effect in a good many cases, and in every case, after

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the enema had passed off, the patient always remarkt how much comfort it gave him. It is certainly rational treatment for an ulcerated and inflamed canal. As to diet, there is nothing that I could add to the accepted rule: where there is inflammation there must not be irritation added.

J. R. SMITH, M.D., PH.G.
Warsaw, Mo.

Reply to the Editor.

DEAR EDITOR:—In answer to your editorial addition to my article, "Reflections" (August WORLD, pages 339 and 340), I would say that *forcing* a movement of the bowels by a purgativ is not *curing* constipation; and secondly, repetition of such a procedure lays the foundation of chronic constipation.

The old school is to a fearful extent responsible for chronic constipation, morphin and cocain habit, quicksilver and quinin dyscrasia, etc., etc. And such injuries are caused with *open eyes* by men whose sacred calling is to *benefit* the sick!

What a hue and cry the old school would raise if such charges could be laid against homeopathic physicians.

Roseburg, Ore. F. G. OEHME.

For "A Suffering Medico."

MR. EDITOR:—In reply to "A. S. Medico" (August WORLD, page 354) I think the following prescriptions will meet his requirements, if continued for several weeks, in connection with *rest* and *careful diet* on his part:

℞

Calomel . . . . . gr. x
Soda bicarb. . . . . gr. xxx
M. ft. Capsules No. X.

Sig.—One capsule alternate nights, followed next morning by a tablespoonful of Abbott's saline laxativ.

℞

Strychnin sulf. . . . . gr. j
Acid nitro-mur. dil. . . . . ℥iv
Tr. gentian comp. . . . . ℥ij
Elix. simplex. . . . . q.s. ad ℥iv

M. Sig.—A large teaspoonful in water after meals.

P. S. LEISENRING, M.D.
San Diego, Cal.

In August WORLD, page 323, near middle of second column, ½ gr. apomorphin should be 1/12 gr.

Enuresis.

Doctor F. G. Thomason, of Kissimmee, Fla. (August WORLD, page 344), desires help for a case of enuresis in a boy of 5 years. Give him:

Specific thuja . . . . . ℥j
Specific eryngium . . . . . ℥ss

M. Sig.—One teaspoonful four or five times daily.

Sure thing, Doctor.

Dublin, Ind. C. E. MCKEE, M.D.

The Hot Vaginal Douche.—A New Irrigating Nozzle.

Editor MEDICAL WORLD:—Your editorial on the Hot Vaginal Douche, in your July number, page 270, is very timely as calling attention to a matter that is, as you say, almost entirely neglected by the great bulk of the profession. I am glad to see you bringing out the fact that the ordinary douche tubes are worse than useless from the gynecologist's point of view, since the water ejected does not reach the cul de sacs.

With regard to the use of syringes having pads to be prest against the vulva, it occurs to me to say that patients find them hard to use. To maintain the pressure necessary to prevent the escape of the water, the woman must bend forward, or lie in a crampt and uncomfortable position. The nozzle does not enter far enuf to send the water to the top of the vagina and around the cervix unless the outlet is closed, and then there arises the possibility of danger. Over-distension may lead to the forcing of the air that is in the vagina, or the water itself, into the uterin canal. Such instruments are usually complicated in structure, and it is impossible to clean them thoroly. A nozzle that cannot be taken apart and cleaned is unsanitary and should never be used. It is said that hotter water can be used with such syringes because the more sensitiv parts are covered. This may possibly be true while the parts are in their normal condition, but granted an inflammation calling for hot douches, and the upper part of the vagina will be just as sensitiv as the external genitals.

Several gynecologists, including such eminent men as Kelly and Goelet, have devised syringes for use in their practises; but finding nothing that workt satisfactorily to me, about two years ago I had an instrument constructed according to plans of my own. It has not only given me entire satisfaction, but it has captivated

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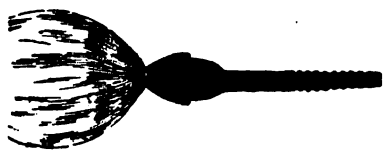
my patients, and I have been obliged to arrange for a local firm to manufacture them to meet the demand that has arisen. I have shown it to a number of my professional brethren, and they have spoken very favorably of it.

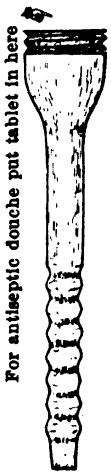
The shape and construction of the douche nozzle are shown in the accom-



panying illustrations, and the claims that I make for it are in brief:

1. It has an egg-shaped end which dilates the walls of the vagina, and enables the instrument to pass to the cervix uteri.

2. When the instrument is in position, it remains there without being held, thus leaving both hands free to manipulate the fountain bag or tubing. I know of no other douche tube that has this *self retaining* feature.



3. The water issues from the irrigator in a forcible, forward, circular spray, which passes around the cervix uteri, and up into the cul de sacs. To advise that "the patient should lie flat on the back, without a pillow and with the foot of the couch elevated at least six inches," may be all right theoretically, but the practical answer to the suggestion you make yourself when on page 310 you say: "We find it practically useless to advise the hot douche in practise outside a hospital; the ladies *will not* take the trouble to do it right." Of course, the idea in mind in advising that the douche be taken in the recumbent position is to be sure that the hot water reaches the cul de sacs and cervix uteri. I claim that with my irrigator, I can be sure of this without requiring the patient to lie down, and when I advise my patient to take a hot douche, I know that the douche will be taken and will do all the good that such a therapeutic measure can.

4. It is *sanitary;* it can be put in the sterilizer in the office or operating room, and it can be taken apart and cleaned after every douche by the patient. Every part is open to inspection and is accessible, and cleanliness is assured.

5. It is specially adapted for use in giving antiseptic douches. With all other syringes some time is consumed in dissolving the antiseptic tablet in the water in the fountain bag. With my irrigator, the instrument is taken apart, the tablet is put in the hollow of the stem beneath the inclosed plug (see illustration), and the parts readjusted. The water running thru the irrigator gradually dissolves the tablet, and a perfect antiseptic or medicated douche is administered with a minimum of trouble. I have found that for use in the irrigator the tablet must not be coarsely granular, nor must it be too soft. After considerable experiment I have had special tablets made for me in which are incorporated hydrastis, zinc sulfate, tannic acid and boric acid.

May I add that in case any member of the WORLD family should like to try this syringe in his practise, he will find it advertised in this issue under the name of the Ess Ess vaginal syringe? the manufacturer having chosen that name because the instrument is self-retaining and sanitary. The same dealer also keeps on hand a stock of the above-mentioned tablets.

926 Main Street, Hartford, Conn. HARLAN P. COLE, M.D.

The Reasonableness of Homeopathy.

Editor MEDICAL WORLD:—In the August WORLD, page 337, Dr. Mulnix treats of the "Unreasonableness of Homeopathy," basing his article upon Dr. Chapman's tenet that "force developt by attenuation" is the working hypothesis of the homeopathic school. It is not the working hypothesis of homeopathy, nor ever was. The fundamental tenet of homeopathy, exprest in the word itself, is the law of similia similibus curantur. Hahnemann knew little of the higher potencies often used to-day; they were a later development. The natural law, which he discovered, was graspt by his genius thru observation of the physiological effects of quinin, and the fact that diseased states simulating the effects of this drug, but in no wise produced by it, were cured thru its administration in comparativly minute dosage; and that "malarial (?)" or other states not having these cinchona symptoms were only injured by quinin in any dosage. That is homeopathy, and whether a drug shall be used in tincture

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or in the 1000th centesimal dilution is a point which is settled by the idiosyncrasies of the case and the combined judgment and knowledge of the physician. The "regular" school makes frequent enuf use of homeopathy, but seldom has the grace to acknowledge the law, which is not the only law of treatment in medicin, but which, because of its obstinate and derisiv non recognition by the "regulars," must perforce become the oriflame of a "school" until, nolens volens, its truth be acknowledged. Mercury, for example, simulates a majority of syphilitic symptoms (let the regulars turn to its pathogenesis in any homeopathic materia medica); quinin, many of the malarial conditions; hence the fact that in spite of massiv dosage, our allopaths sometimes cure a case without killing the patient or inflicting a drug disease upon him. The pathogeneses of ferrum, arsenicum, nux vom., etc., are fingerboards pointing to their intelligent use. Instances might be multiplied. Ipecac, e. g., is nauseant, emetic, expectorant, cholagogic, etc., in physiologic parlance, yet Potter informs us that "vomiting may be relieved by small doses (one minim of the wine)." Why? He says: "Perhaps thru a sedativ influence on the vagus." We remark, "perhaps by its homeopathic action."

As to "force being developt by attenuation:" Homeopathic practise is of many decades. Surely, the practise of a school a hundred years old and more vigorous than ever is entitled to some weight, even by our regulars, whose practise of twenty years ago is obsolete to-day, whose practise twenty years hence is a very doubting interrogation, and whose prescriptions from 100 individuals in any one case will exhibit 100 differences, while a Hahnemannian ℞ in a given case of pneumonia say, will find its faithful echo all over the world.

Indeed, according to the historic prescribing of the regular school, the human frame must be of a most protean nature. Hahnemannians find it the same old Adam.

But to return to "force and attenuation:" homeopathic practise and experience has evolved the fact, that many substances act best oftentimes when highly attenuated—dynamized, in homeopathic parlance. The 200th dilution of silicea, natrum mur. or lachesis presents no chemical or physical trace of silica, sodium chlorid or snake virus; yet if Dr. Mulnix will take a dose of any of these daily for two or three weeks, he will find it heroic enuf. Homeopaths are not quarreling with the physical sciences; they are as well-informed thereof as the "regulars;" but the physical science known to the regulars does not shut out the 100-year-old facts of homeopathy any more than it controverts the Becquerel rays, "whose particles are projected with a velocity anywhere from sixty to ninety millions of miles per second, and are so small that the atoms of chemistry are giants in comparison."

We advise Dr. Mulnix to read "Radioactivity," by Robert K. Duncan, professor of chemistry, Washington and Jefferson College (Harper's Magazine, August), if he wants to get a few modern ideas on force and attenuation.

Homeopathic dynamization is a matter of science based on repeatedly proven facts. On what else does science rest?

But there are some individuals who will be satisfied only with Infusum Sennae Compositum, ℥iv.

We commend Dr. Mulnix, et. al., to a profound study of the veritable homeopathic tenets.

P. W. SHEDD.

12 E. 9th St., New York City.

Red Nose.

Editor MEDICAL WORLD:—In reply to Dr. J. L. Daniels' query on page 347, August WORLD, asking treatment for "hot flushes of the nose," I beg to submit the following: The young man unquestionably has erythematous rosacea, and not *acne* rosacea, for the Doctor does not say that the hyperemia is associated with acne lesions. This condition may be predisposed by dietetic errors, which cause irritation of the stomach and a consequent flushing of the face; hot drinks, and even soup, excessiv use of tobacco, and especially cigaret smoking, are apt to weaken the circulation, and favor reflex hyperemia and thereby aggravate erythematous rosacea. Redness of the nose is usually associated with cold hands and cold feet, thus pointing toward a sluggish circulation. I have seen many cases of redness of the nose due to pinching or squeezing out the blackheads; and again in another class of cases I have found the redness due to wearing improperly adjusted nose glasses, which interfered very much with the capillary circulation, re-

sulting in chronic engorgement. Exposure to extreme heat and cold is another cause.

Now as to the treatment: First try and learn the cause. If it is of a dietetic nature, correct it; if constipation is present, give your patient cascara in some form; it acts as an excellent intestinal stimulant. Build up your patient constitutionally. Remember, physical culture will be of great benefit; it will increase the circulation. The local treatment can be restricted to lotions of sulfur, or ointment of bismuth and zinc, which simply remove the hyperemia. A favorit ℞ of mine is as follows:

℞

Sulfur. sublimat.	ʒij
Zinc. oxid.	ʒss
Etheris	
Alcoholis	āā ʒiss
Aquae rosae	q.s. ʒiv

M. Sig.—Apply twice a day.

These lotions, etc., will duly reduce the hyperemia and existing inflammation. The dilated and branching capillaries often seen on the nose can best be destroyed by inserting the electrolytic needle at the point where the vein appears upon the surface of the skin. Don't be discouraged if some of the veins seem to return. A subsequent operation will usually suffice. When the electric needle cannot be employed (because you haven't one), a fine knife might be traced immediately over the vein; but this method is not as satisfactory as the first, because of the resulting scars.

JOSEPH A. M. SMURL, M.D.

Philadelphia.

Circumcision for Epilepsy.

Editor MEDICAL WORLD:—In 1890 the Rev. B., moved within a square of my home. One day he rusht into my office saying: "Willie has a spasm and I wish you would come to see him immediately." On arriving, Willie had recovered from the spasm, but had a high fever. I left some medicin and called next day. Willie seemed all right.

This was repeated in a month or two, and finding no sufficient cause for such outbursts, I examined his penis and, as suspected, found an adherent prepuce with a *very* small opening. My suspicions were confirmed and I told the boy's father what I believed and suggested an operation for relief and cure. At first he was offended at the suggestion, he having been a druggist and knew something about drugs if he *didn't* know anything about the reflex action of the nervous system.

After the boy had had one or two more spasms as before, the father came to me and assented to an operation. Placing the boy under the influence of an anesthetic, I found that the adhesion extended over five-sixths of the glans. The separation of the prepuce from the glans was quite tedious, but successful. After trimming and stitching and dressing thoroly, Willie, who had been a very activ boy, kept very quiet and demure for a week; when he was persuaded that he could resume his walks and talks.

He made a good recovery, but in about one month he had a slight spasm. He was under my observation a year and a half from that time, and never had another spasm. They moved away and I saw his father two years later and he said, "Willie is the brightest and heartiest of all my boys and has never had the sign of a spasm since."

At the time of operation Willie was three years old. His spasms began when he was six weeks old. They would recur at any and all times without any apparent provocation. There are other reflex irritations I have found in boys, but this is the most striking of *this* kind that has come under my observation. Watch the boys!

CHARLES NAUMANN, M.D.

Crickville, O.

[In an accompanying letter, modest, amusing and inclosing subscription, the Doctor says: "We seldom have epidemics of any kind here. This is an old settled malarial region on the famous Sciota river, and is noted for 'that tired feeling.'"—ED.]

A Rattlesnake Bites Before He Rattles.

Editor MEDICAL WORLD:—Yesterday a man living just out of town, while reaching out his hand to pick berries, was struck by a rattlesnake, both fangs entering his middle finger. The snake was evidently lying in wait for him, and after doing his mischief, rattled and made haste to get away. The man, with great presence of mind, corded his arm and enlarged the opening, causing blood to flow freely. Dr. Steele arrived about thirty minutes ahead of me and did everything necessary, he having given a half-pint of whisky and some strychnin. The patient was feeling fine this morning, and the

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wound was still bleeding slightly, but the hand was considerably swollen.

This is the only case of the kind that I ever had except one I saw with Dr. Greenfield, of Gaines, a few years ago. This man jumpt over a log in the woods and was bitten in the thigh by a large snake before he hardly struck the ground. He was a very sick man for a long time.

The object of the report of these cases is to disprove a statement so often made, that a rattlesnake always rattles before he bites. It would be as correct to say that a dog always barks before he bites.

While driving one day I saw a large rattler crossing the road in front of me. I stopt, tied my horse to the fence, procured a piece of a fence post and started out to do him battle. He had seen me and was waiting, and the nearer I approacht the higher he raised his head, looking up in my face. I made a circuit around him, but he did not ring till I had hit him and he was trying to get away.

I believe that when a snake rattles he does so because he is afraid, and wants to frighten his enemies. You will find him willing to quit even, and is generally on the retreat, but will bite if crowded to it. But when he is bold enuf to become the aggressor he is as quiet as a cat after a mouse. JAS. T. HURD.

Galeton, Pa.

Snake and Insect Bites.

Editor MEDICAL WORLD:—One writer for July WORLD recommends, "whisky, cauterization, etc.," for snake bites, but I find that such methods are not much used in this locality. Rattlesnakes and water moccasins are very abundant in this country, and many people are bitten, but few die from the bites. One of the most common remedies in use here is alum, which is carried by many of the people, and many cases are reported as being cured by its use alone. It is given in doses of ½ to 2 teaspoonfuls.

If I were called upon to treat a snake bite, I would give one teaspoonful dose of powdered alum to begin with, and follow with teaspoonful doses of echinacea every fifteen minutes; and apply a solution of hydrogen peroxid locally, keeping the part wet and cool. Have just had a case of a boy bitten on the lower lip by a spider. I gave 5 gr. powdered alum internally and kept a piece of absorbent cotton wet with a solution of hydrogen peroxid on his lip. When I began the lip was swollen tight and his neck was swelling rapidly, with considerable pain. Permanent relief was given in two hours' time, and no other medicin was given. I have been practising only a short time and enjoy reading the journals. G. R. COOPER.

Leakey, Tex.

[That's right, Doctor, start out right by reading the journals, and don't neglect to get several late books every year, and study them thoroly. Your final success will be determined by the way that you spend the first ten years of your professional life.—ED.]

Gelatin as a Hemostatic.

Editor MEDICAL WORLD: — Intravenous and subcutaneous injections of an aqueous solution of gelatin to control hemorrhage is at this time no new procedure. But its use per os, a method of administration more acceptable to the average physician, has not received the attention warranted, nor is its value sufficiently appreciated. Most doctors do not know that there is so simple and yet so reliable a means at hand. Five clinical tests are herewith reported in brief:

No. 1.—I was called in consultation to see a Portuguese, 24 years of age, in the third week of typhoid. For the last week he had had many large intestinal hemorrhages. His pulse was 150, respiration 40, temperature 102°. Two pints of normal salt solution were administered by hypodermoclysis. A pint of gelatin solution was given in divided doses by mouth. The usual supportiv treatment was continued. The patient died in six hours. This was hardly a fair trial for gelatin by mouth. It should have been given intravenously. Even then the odds were against it.

No. 2.—Mrs. T. was subjected to a double oophoro-salpingectomy four months ago. A small subserous myoma was located upon the fundus of the uterus at the time of operation, but being hurried in our work, this tumor was left in situ, with the hope that the artificial menopause produced would result in atrophy of this structure. When summoned, I found she had been flooding for one week steadily. She was decidedly anemic. She was given two pints of gelatin solution in divided doses. The metrorrhagia ceased completely in twenty-four hours.

No. 3.—Miss P., aged 32, tubercular,

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suffers from dysmenorrhea habitually. At present has a moderately severe menorrhagia lasting five or six days. Examination reveals nothing but a retroflext uterus, adherent posteriorly, rather large and baggy. As the case seemed hardly severe enuf to warrant surgical interference, gelatin was given. Hemorrhage stopt in twelve hours.

No. 4.—Mrs. T., aged 24, was sick with typhoid fever two weeks before consulting a physician. The appearance of intestinal hemorrhages frightened the husband into seeking medical aid. She was given calomel, put on a milk diet and gelatin solution. In twenty-four hours all hemorrhage disappeared and only returned after several days, when gelatin had been stopt, again to cease upon the resumption of this agent.

No. 5.—Mrs. W., aged 40, had been confined to bed for three weeks with melena. She had employed a physician, and obtaining no immediate relief, had dismissed him. Upon first seeing her she was profoundly anemic. A blood count showed 1,800,000 red cells, only 2,500 leukocytes and 30 per cent hemoglobin. All her symptoms gave evidence of a grave condition. The foot of her bed was immediately elevated, and gelatin solution ordered. After the consumption of one quart of the solution all bleeding ceast. No other treatment was instituted until next day, after the cessation of hemorrhage. In this case the loss of blood probably came from venous stasis, resultant upon an uncompensated mitral regurgitation. At least no other cause was recognized after repeated careful examinations.

The method of preparation of the gelatin solution employed in all these cases was simple. A package of what is commercially known as Knox's gelatin was dissolved in a pint of hot water, to which was added two or three ounces of whisky or brandy and sugar to taste. Directions were given to administer a cup of this solution, warm, every four hours. Other gelatin has been employed, and the amount used to the pint was about one or two ounces, with no difference in the results.

CALIFORNIA.

Don't forget alcohol as the antidote to carbolic acid. If dubious, place several drops of the acid upon the palm of hand; let it remain for a few seconds, and flush with alcohol. "Seeing is believing."

Ligation of the Dorsal Vein of Penis to Restore Erectil Power.

Editor MEDICAL WORLD:—In answer to Dr. S. R. McKelvey's inquiry in July WORLD, in regard to ligation of the dorsal vein of the penis in failing sexual power, I will relate the following case:

Some two years ago a professional man of our town, about 35 or 37 years of age, consulted me in regard to his failing sexual powers. He stated that he could have perfect erections, but unless everything was propitious for coitus at once, it would "go down on him," as he exprest it, and then "all h— could not make it rise again." Being well acquainted with him, and knowing that he sometimes indulged to excess in sexual matters, I explained to him what I thought the trouble was, and that I believed I could cure by ligating the dorsal vein of his penis. He very readily consented, so Dr. Lowther and I proceeded to inject a very few drops of a local anesthetic just under the skin and then made an incision half inch long thru the skin and passed a small catgut ligature around the vein, and closed the incision with two or three stitches. He lost about six drops of blood during the operation. He took his bicycle and rode six miles that afternoon. Next morning I askt him how he was getting along and he replied, "all right;" and said: "Of all the big full-grown, well developt erections that any one ever saw was mine this morning at 3 a.m." Said he got out of bed and poured cold water on it for some time, and then after urinating went back to bed and had no further trouble until next morning at about the same time, when he had to do the same thing over again, and so continued for three or four mornings. Since that time he has had no further trouble. It is now two years since the operation was done, and he tells me that his powers are normal.

SILAS T. BURCH, M.D.

Norman, Okla.

Phytolacca Decandra; Its Use as a Medicin.

Editor MEDICAL WORLD:—In the May issue of MEDICAL WORLD, page 201, Dr. D. A. Johnson relates his experience with phytolacca. As the drug is one of our most efficient remedies, I wish to tell you how we, as eclectics, employ it.

Phytolacca decandra, commonly known as *poke* or *pigeon berry*, is a perennial plant growing in new ground and waste places

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thruout the United States. It flowers from July to September. The stem is smooth, round, green when young, purple when mature, hollow, four to eight feet high, and varies from one to two inches in diameter. It has numerous spreading branches, leaves entire, scattered, five inches long, three inches wide, deep green, ribbed beneath. The flowers are white, arranged in long racemes opposit the leaves. The fruit when ripe is a deep purple berry, comprest, containing ten carpels, each carpel containing one black seed and a quantity of deep purple juice. The root when fresh is large, conical, brancht, fleshy, whitish within, and breaks easily; covered with a brownish bark, has a sweetish, acrid taste. The specific tincture is prepared from the fresh root, the dry. being inert. Tho the young shoots are used by some as "greens," the mature plant is poisonous in large doses. The most direct action of the drug is in inflammatory conditions of glandular structures, especially the lymphatics. The inflamed and ulcerated mucous membranes of the rheumatic patient are directly influenced by this remedy. It is very valuable in the squamous variety of skin diseases. Inflammation of the breasts in nursing women, and sore nipples, are relieved by this agent. Syphilitic lesions, such as enlarged glands, skin eruptions, pains in the bones of the face at night, and ozena, are favorably influenced by use of phytolacca. In non-malignant diphtheria and membranous and spasmodic croup it is used in combination with other remedies with great success. Ulcers and ulcerating skin diseases improve rapidly under the local application of a concentrated preparation of the berries or root, the remedy being administered internally at the same time.

The berries possess the same medicinal properties as the root. An alcoholic preparation of the juice from the fruit makes an excellent coloring fluid for prescriptions where an alterativ or glandular remedy is indicated. The local application combined with iodin, and internal administration of phytolacca, has workt admirably in the treatment of goiter. In fact it is a remedy of wide use and great value, and deserves to be studied by the profession.

Detroit, Mich. H. A. SHAFOR, M.D.

Don't expect to find a tumor in early cancer of the stomach.

Castration as a Remedy.

Editor MEDICAL WORLD:—In the November number, 1899, of THE MEDICAL WORLD, I made the following remarks on the subject of this paper: "There are nervous diseases that might be greatly relieved, if not promptly cured, by castration. Functional epilepsy for one; also some forms of insanity. If epilepsy were closely observed with its sexual complication, the physiological effect of our remedy would dovetail so nicely as to awaken our most sanguin expectation that we might thus control a disease usually considered incurable."

There is an idea in this remark that demands further consideration. I have before me a recent publication on epilepsy from the "Transactions of the National Association," and of the many different opinions exprest on this disease, the report of Dr. Jules Morel, of Belgium, gives us the best insight to that formidable disease. Part of his report reads as follows:

"Epileptics are more passionate and irritable than other invalids. * * * As to venerous excess, if the natural manner of sexual intercouse be not afforded them, they become addicted to onanism (self-masturbation or mutual masturbation) and commit venerous acts contrary to nature. * * * *Epileptics are the most formidable of men when the malady unchains its furies in the meshes of their nervous centers.*"

The question rises, is functional epilepsy an individual disease *per se*, or a heavy complication with an abnormal sexual neurodynamia? Indeed, which of the two is the disease? We claim that epilepsy is hardly ever of spontaneous development, without the first lesion as a remote cause in the nervous center. This complication must be as nigh to some of the features of epilepsy, which we are able to trace in sexual neurodynamia. To do so is to establish its relationship. Infancy is no barrier to these views, for a child's venery may be detected even on its mother's lap; consequently such a case is predisposed to epilepsy, often developt from some trifling accident or sickness.

The most difficult feature in treating epilepsy is to break up the morbid habit of the disease. No other but heroic measures will suffice. Great self-denial, or even dire accidents to the patient have been known to effect a cure. But these powerful revulsions are of little practical

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use to the surgeon. Yet still they are lessons for our study.

Epilepsy is a highly complicated disease; therefore, almost every case has its own symptomatological history aside from its paroxysmal symptoms. The pathogenesis of the paroxysm is as much connected with the capillary circulation as with any immediate nervous force. But not that nervous force that predisposes the subject to the disease.

If we are correct, that epilepsy is a disorder from a perverted sexual temperament, under this idea we, with considerable confidence, offer a remedy for the disorder by resorting to sexual alteration, and thereby destroy the mainspring of the disease. The operation would be indicated in both sexes, and of all ages, in particular with a complication of cachexia. In this operation no harm either to the body or the morals would follow, but many happy results. The resulting mental tranquillity would favor all functions of health—it would improve digestion, assimulation, stay the waste of the body, consequently bring about a tonicity of the highest order. History has a record that some of the brightest minds in ancient times were eunuchs.

But what is the prognosis of epilepsy? Incessant care for the attendants; and for the patient, degradation, with a tendency toward crime, insanity and a short life. On the other hand, castration presents a calm and sober life that favors health, longevity and a mentality cast in a mould known for its healthy vigor and good sense. It would be a preventiv of consumption and other diseases with an exhausting tendency and defectiv assimilation not materially connected with organic lesion. It will make fat and strength superseding all other means. To doubt this, observe its effect on animal life. Where the bull is gaunt, vicious and troublesome, the ox may be fat, gentle and amenable to good manners. This law holds good in all animal life where alteration has been enforced.

Surgical operations appear cruel; but alteration is not less so than circumcision, which the Jews have practised for many centuries. We don't offer it as a rite, nor as a punishment for penal offenses; but as an offering of inestimable value to suffering humanity, for the amelioration of the most dreadful of diseases.

I am aware that the operation is extremely unpopular even as a penal measure This is readily accounted for: what untold sacrifices are not often made to appease sexual appetite, even at the cost of life and fortune. It is true this appetite is allied to life itself; but only in that universal connectiv compound found in all things that are often subject to an analytical separation without a deterioration of its main principle.

Austin, Tex. G. P. HACKENBERG, M.D.

Is the New Being Built up from the Spermatozoon, the Vitellus of the Ovum, or from a Blending of the Two?

Editor MEDICAL WORLD:—In reading that very clever article beginning on page 277 of THE MEDICAL WORLD for July, I was very greatly interested and not a little delighted. To the advantage of every reader, articles upon the theme discust by the author of this contribution might more frequently appear. They might provoke wholesome inquiry and lead to the establishment of working theories of great value.

However, as I read, many questions arose, and since answers to these might as much profit and please other readers of your very valuable magazine as they would profit and please me, I beg to submit the following: Do known physiologic facts support the notion that the sperm cell is the primeval, persistent, form-preserving, anatomic element in the history of every living entity? Some of us, at the least, who have grown old in the handling of the microscope in the study of the protozoa, the ova of animals and the ovules of plants, and their evolution into tissues, the hatching of the eggs of fishes, frogs, turtles and birds, have believed that the sperm cell acts the role it plays in the genesis of an individual, in the merging of it in the vitellus of the ovum, the physical elements of which it is composed uniting with the physical elements of the ovum, to become assimilated thereto, and the vital force of which it is composed uniting with the vital force of the ovum, to form the life force of the entity which is generated by the blending of those two; that, in the merging of the spermatozoon in the vitellus, an entity is generated, the life force of which is powerful to evolve the physical elements of the vitellus into a soma, to embody it and to serve it thruout its life history.

Eminent physiologists (Carpenter, Dal-

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ton, Flint, *et al.*) argue that the development of the new being begins in the merging of the sperm cell in the germ cell; that in this fusion—in this blending of the constituents of the spermatozoon with the vitellus of the ovum—the life of a new being begins; that whatever of the matter of the spermatozoon continues in the historic changes hereby begun, exists as matter which lost all of its shape and all of its identity in the act of blending with the yet formless substance of the unimpregnated ovum; and that impregnation—generation (the first movement in the evolution of a new being)—is effected by the act of dissolution (the unforming, the reduction of the matter of the spermatozoon into chemico-physiologic constituents) of the sperm cell and its fusion with the contents of the germ cell. The author of a work entitled "What is the Soul?—Has the Dog a Soul?" seems to argue that the sperm cell owes its form and all which we, by our senses, know of it, to a generative potence, which, when the spermatozoon enters the vitellus, unites with the generative potence of the vitellus, forming the vital potency of a new entity—that life force—that soul of the impregnated ovum—which is the active element, the architect whose work it is to form new cells out of the vitellus—whose work it is to evolve the vitellus into primordial cells and out of these cells, by evolutionary processes, under the guidance of laws which regulate its being, to evolve every cell and to build every member which enters into the formation of its soma. Neither of these doctrins harmonizes very well with the teaching that the spermatozoon, as the wiggletail in the rain barrel develops into a mosquito, or the tadpole of the pond evolves into a frog, persists in developing, by living by and upon environment, until it has effected all those changes which constitute prenatal life, thereafter to persist till the end of life as that identical spermatozoon, only enlarged by feeding upon environment, and only transformed and differentiated into parts as necessity demands organs to cope with new conditions of environs.

Respecting the genesis of monstrosities, one may query whether the multitude of spermatozoa which enter the vitellus, or the number of vitelluses found in the ovum, determines the number and kind of hatchlings the egg produces. In the early years of my life as a naturalist, I incubated oddly shaped eggs of birds—those with double yolks, quadruple yolks, etc.—to determin, if possible, the cause of monstrosities, how monstrosities are developt, etc. Of course, I could not know how many spermatozoa entered each ovum I incubated, nor could I know many other things which I desired to learn; but a close examination of the eggs, by means of a bright light, before they were incubated, and frequent, careful, searching examinations while they were incubating, and thoro examinations of the shells and of the secundines thereto belonging, aided me in learning many things I sought to know. Soon appeared the fact that double-yolked eggs, if fecundated, contain each the possibilities of two younglings; that fecundated eggs having four yolks contain each the possibilities of four younglings; in short, that each yolk, if fecundated, contains the possibilities of a youngling; that the younglings of an egg with two yolks are often united, less or more; that four younglings developt in one shell are generally united, less or more; that the more yolks an egg contains, the more likely to be joined are the younglings evolved from the yolks.

The monstrosities of chickens, guineas, ducks, geese, etc., hatcht of the abnormal eggs incubated, were various and curious, and, in proper place, a fuller description of them might prove profitable to such as are interested in things of this sort; but space in your magazine is too valuable to be extensivly occupied with descriptions of things which, to many of your readers, can be little more than curiosities. Hence, allow me space to state only a little more than that I have seen a youngling of the duck kind having two trunks, four legs, four wings and two heads; another having one trunk, one head, four legs and four wings; another having one head, four wings, four legs, two tails, two vents, two alimentary canals from the fauces down, two sets of lungs and two hearts; others nearly duplicates of those above given, or else so different from them as to furnish as many kinds of monstrosities as any student of deformity might wish to see.

The eggs of chickens seldom contain more than two yolks; the eggs of geese more frequently contain more than two yolks, and I have seen many curious monsters of the goose kind; of all birds, so

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far as I know, the duck is the most prolific of abnormal eggs.

Just here, I should note, that eggs having more than one yolk seldom hatch; that is, development of the vitellus of a monstrous egg seldom continues until the youngling passes thru the fetal stage. Deformity of the embrion being too great to long continue the developmental process, the youngling dies and the egg rots. Indeed, most of the monstrosities which I have seen, whether of birds or of beasts, or of the human species, were dead before old enuf to breathe; and of those which continued to develop till old enuf to breathe, by far the greater number of them died as soon as they passed the fetal stage.

C. W. LARISON.

Ringos, N. J.

Eczema.

Editor MEDICAL WORLD:—I was much interested in a communication, page 305 of July WORLD, signed "Texas," in regard to a case of chronic eczema, as I have been a sufferer myself and found no relief till I devised the following lotion:

℞

Acid. carbol	℥ss
Glycerinae	℥ij
Tr. benzoin	℥j
Tr. saponis vir	℥ij
Alcoholis q. s. ad	℥viij

M. S.—Lotion. Rub well into affected parts as needed to allay itching.

Of course there are other things to be attended to in the treatment, and no two cases are alike; but the lotion will relieve the intolerable itching, if used freely and is well rubbed in.

T. F. B.

California.

Liquid Electricity.

Editor MEDICAL WORLD:—On page 308, July WORLD, you ask for formula for "liquid electricity." This is simply oil of mustard. A number of years ago I used to imitate "liquid electricity," when I was in a drug store, by putting a small sponge in a morphin bottle and saturating it with oil of mustard. Used to cure headaches with it, too, by inhaling it.

Sutton, Neb. H. H. SCHULTZ, M.D.

Remember picric acid in burns. It is antiseptic, slightly astringent and analgesic. Apply on lint or gauze in the strength of 30 grains to the pint of water.

Some Notes on the Chemistry of Uric Acid and Its Allied Compounds; with Therapeutic Suggestions Thereon.

Editor MEDICAL WORLD:—The more recent investigations in this country and abroad have thrown so much light on the sources, genesis, elimination and pathogenetic and physiologic effects of these uric compounds that a few words will be likely to make clear certain important facts, so as to be of real value to the practician, which, I take it, is the most important consideration in preparing any material for medical journals.

In the first place, perhaps the most important fact to remember is that uric acid, the alloxuric compounds, and even urea itself, are composit highly nitrogenized bodies, lying chemically on the very verge of the cyanogen compounds, and liable to pass over into this group of deadly poisons, under certain abnormal conditions of the system. Physicians will easily recall effects in their patients, strikingly resembling death by hydrocyanic poisoning.

Urea may be artificially prepared as a product of ammonium cyanate, acted on by heat; and this urea, by a continuation of the same process, is converted into cyanuric acid and ammonia; and, by increasing the temperature, the cyanuric acid is changed into cyanic acid. These are all highly nitrogenous bodies, and, in the system, are the product of destructiv tissue metabolism; and urea, according to Garrod and Luff, is always found in *healthy blood*, in the circulation, but never uric acid. This, these authors believed, is a subsequent product formed from urea and glycosin, which is a product of the break-down of the glycocholic acid of the bile, into glycosin and cholic acid; Horbaczewski produced uric acid by the reaction of urea with glycosin; but demonstrated also that from a mixture of spleen-pulp and blood, heated to the temperature of the body, and in the presence of *abundant air*, uric acid could be produced. From this action of spleen-pulp, surcharged with leukocytes, he pusht his investigations farther and demonstrated that in these leukocytes, and particularly in their nuclein, and in the nuclein of the tissue-cells is to be found the true source of the uric acid of abnormal states of health.

The process of production is one of oxidation, and complete oxidation yields

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uric acid, and this, in certain diseased conditions, may be thrown directly into the blood. There is evidence that this union of oxygen with nuclein takes place in the kidney, and (if the presence of uric acid in the blood in a state of health is excluded, as Garrod and Luff assert) then it is only in the kidney that these changes could occur, for uric acid in combination may exist in the urin in a state of perfect health; its presence in the blood would then be the result of a reflux into a diseased organism from the kidneys themselves.

Uric acid is bi-basic; that is to say, it will combine with a base, to form a salt, in two definit proportions, so that we may have either the bi-urate of an alkali, as sodium, in the blood, or a quadriurate. The sodium quadriurate is freely soluble in the blood, but the bi-urate, into which it is apt to be converted by an excess of base, is enormously less soluble at blood temperatures, and at a low blood temperature is practically insoluble. This conversion of the quadriurate into the bi-urate takes place most readily when it encounters a more alkalin base in the tissues, and so it crystallizes in the cartilages, which are more alkalin than most other tissues, making the familiar gouty concretions in the joints, the ear, and in various other organs of the body. In excessiv production it may deposit almost anywhere, nature seeming to pack it away, by its blind wisdom, to get rid of it, when it cannot eliminate it, in the least dangerous or vital spots of the body.

This excess of uric acid is not merely found in the gouty diathesis. It occurs in chronic nephritis, in chronic lead-poisoning, in diseases with leukocytosis, as pneumonia; in leukemia, pernicious anemia, splenic anemia, in the dyspneas of cardiac and pulmonary disease, and in all those morbid conditions in which a leukocytosis is prominent, and in such cases the amount of uric acid present may equal that found in gout. The fact of these deposits of uric acid (which are really uric acid salts, principally the bi-urate of sodium) is fully establisht by the latest authorities, and is now beyond dispute. Dr. Billings says: "If in excess, it may be deposited in joints and other structures." Garrod, Von Jaksch, Klemperer, Soloman, Bartels, Borland, Horbaczewski: "Uric acid may be found deposited as excretions in the cartilage of joints and the ear, and in the various organs of the body." Again, "precipitation occurs in the form of needle-like crystals, and concretions are formed in the cartilages of joints, and in the organs in which the precipitation takes place." Virchow found that gouty concretions of uric acid form in individuals; Garrod and Roberts that the paroxysms of gout are due to the mechanical effects of the deposition of crystallin bi-urate in the joints and tissues; that irregular gout is due to the urate deposits in the connectiv tissues and fibrous structures; that it is the mechanical irritation which inherently poisons the tissues, and produces the effects of gout; while Ebstein held that there was a preliminary necrosis of the tissues before the deposition of the urate crystals, in an attack of gout; that this necrosis produces an acid which reacts upon the neutral urate, which is then deposited in the necrosed area in the crystallin form. Cutler and Duckworth believe that gout depends upon some affection of the nervous apparatus, and Roberts that it is the excess of sodium salts which determins the precipitation of the bi-urate in the joints and tissues, and Levison says that granular atrophy of the kidney is always a precursor of gout. An injured joint has been noted as an antecedent in the deposit of the bi-urate, in a gouty individual. A diminution of blood-alkalinity is believed by many writers to be a cause of urate deposit. Haig bases his pathology and therapeutics principally on this hypothesis, while Luff shows that the degree of alkalinity has no such effect, and that *alkalies do not act as solvents*. There can be no question now as to the deposit of the bi-urate in crystallin form in joints, fibrous tissues, and other parts of the body, even in enormous quantities, and that these needle-like crystals act just as would interposed sand, leaving out all consideration of their effects as toxic. Every one knows what a grain of sand will do, caught under the eyelid. The notion that cholesterin is the cause of this deposit or that the deposits are of cholesterin, which is a fatty substance existing in minute quantity in the bile, blood, brain and nerves (and which contains no nitrogen while the uric products are largely composed of this element), is not now held by any reputable observers if it ever was.

When uric acid is subjected to the

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action of an oxidizing agent in the presence of water, it gives up two of its hydrogen equivalents to the oxidizing agent, and the residue reacts with the water to form a mixture of mesoxalic acid and urea; and when mesoxalic acid is acted upon by oxygen when first liberated, its excess of carbon monoxid is removed, and oxalic acid results, and this, combining with any calcareous matter present, results in the well-known crystals of oxalate of lime in the urin.

It is a puzzling thing, I have been told, to account for the presence of the urate crystals, and oxalate crystals too (and even, as Fownes states, of crystals of free uric acid when there is a free acid, as lactic or hydrochloric, in the urin), on account of their sharp and ragged form and large size, often without tearing to pieces the finer structures of the secreting membranes and villi of the kidneys. It is like the problem of how the apple got into the dumpling. These crystals never passed the villi or membranes. It was not necessary. If you take an animal membrane with a crystallizable solution on one side giving a pressure, but the membrane slightly permeable to the fluid, the crystals will form, like ice crystals on the pavements, or the efflorescence on brick walls, on the free surface of the membrane; and so it is with the kidney; the solution containing the crystallizable substance passes, and the crystals flash into being instantaneously, when the blood pressure behind is relieved; if the ureters are obstructed, however, another story may be told.

Therefore, as I recently stated before a body of physicians, the uric acid is a half-way station on the road of metabolism of nitrogenous debris, between tissue and excretion; "it is not a theory, but a condition that confronts us," and every physiological chemist knows that these are the facts, just as every metallurgist knows that lime will flux copper or iron ores, of certain sorts, and not of other sorts. It is a matter of the highest importance that physicians, and especially the general practicians, should understand these reactions, and know that they are true, for he is the one who meets with these cases almost exclusivly.

But the key-note of the whole pathological process I have not yet described. It is in what are called the alloxurs. When those of you who are familiar with the physiology and ethics of our barrooms step up, you find certain extras "on the side," as it is called, which can be obtained by certain secret methods known only to the initiated. The great distillery and laboratory of the human organism carries on business in the same way, and among these "asides" corresponding to "absinthe," "pousse-café," "kill-me-quick," "stone-fence," and "hell-fire," are these *alloxurs*, and produced pretty much in the same manner.

I have explained that the broken-down leukocytes and nucleins in the blood, when reaching the kidney, and in the presence of oxygen in the blood, are converted into uric acid. But if the oxygen be in diminisht quantity (and herein is a great therapeutic lesson that the more the oxygen the less the uric acid and the alloxurs) then only a part is carried over into uric acid, and another part into a lower oxygen compound called xanthin; and if still less oxygen be present, a part into hypo-xanthin.

The series is as follows: In every molecule of uric acid there are five atoms of carbon, four of hydrogen, four of nitrogen, and three of oxygen—this is the composition of uric acid. But xanthin is precisely similar, except that, instead of three atoms of oxygen, it has only two, and hypo-xanthin only one.

The significance lies in the fact that these *alloxurs* (of which there are several other, but less important ones) are deadly organic poisons, while uric acid compounds appear to be only mechanical disturbers (like sand in the eye), and that these *alloxurs* manifest many of the toxemic effects of cyanogen compounds, among the deadliest poisons which chemistry knows. Nuclein can be converted, therefore, as the blood is more or less oxidized, either into uric acid, or xanthin, or hypo-xanthin; but these latter cannot be converted or oxidized into uric acid, nor can uric acid be converted into the xanthin group, but all these three can be further oxidized into urea, which is the final goal that nature seeks to reach. "Rachford and others," it is said, "have demonstrated that the xanthin bases will produce many nervous phenomena with increast arterial tension, arteriosclerosis, etc. Croftan has shown conclusivly that degenerativ changes occur in the kidney, affecting the epithelium of the tubules, and of the capillaries of the tubules, after the hypo-

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dermic injection for months of small doses of xanthin and hypo-xanthin. Gaucher discovered that the injection of small quantities of xanthin and hypo-xanthin into bodies of healthy animals produced markt changes in the cells of the kidneys;" and evidence has now accumulated to establish the fact that "to the alloxuric bases, and *not* to the uric acid, are we indebted for those chief clinical conditions which have in the past been attributed to the toxic effects of uric acid."

What are these effects thus heretofore attributed to uric acid poisoning? "Gout, headache, rheumatism, neuritis, meningitis, myalgia, hepatitis, nephritis, neurasthenia, arteriosclerosis, insanity, acid blood (which cannot exist, by the way, tho less alkalin may), depression of spirits, extreme modesty (a disease to which our profession is happily not subject), want of self-reliance, moodinesss, irritability and bad temper, unusual mental brightness (not long for this world, the friends say), skin eruptions, migrain, pharyngitis, gastritis, enteritis, bronchitis, asthma, hysteria and many other morbid changes and symptoms."

You may clearly see that over this formidable but heterogenous catalog the general practician can thank God, hang up his shingle in peace, and claim something at least out of the professional wreck, with the cheering legend: "No specialists need apply!" It is his own *terra firma*. But don't forget the xanthins and oxygen. They are your best friends.

I am askt to add a word on therapeutics. This is by no means easy to do. The mere recapitulation of the long list of formidable affections cited above shows that here is scope for every method of treatment approved by any branch of the profession, and nearly everything out of it, from pow-wow and hypnotism to salivation and threatened murder. The great fundamental requirement is, of course, to so quicken and steady the blood and lymph circulation as to prevent stasis and congestion, to so control and regulate innervation as to keep these circulatory currents invigorated, and to utilize the muscular system so as to give life and action to both these, and to supply the alimentation required, of the best sort, and just so much as can be fully utilized by the organism, and no more, and so prevent half-formed organic chemical products from floating along the channels of life, like derelicts, to obstruct those channels, to make foci for the development and increase of these alloxuric poisons; and, above all, perhaps, to see that the "inner parts" of the organism have sufficient free oxygen in intimate admixture, or loose chemical combination (as in the red blood), to fully oxidize these nascent compounds and safely carry them past the xanthins and the uric acid camps.

As for locality, the mountains are stimulant (above 1,500 feet altitude), and, after a week's acclimatizing the whole system will jump to work, if you jump with it; while the seashore is sedativ and delightful, but is not a worker or a builder.

As for occupation, fresh air, freedom from restraint, *regularity* of exercise, and avoidance of overfeeding, are matters of the greatest importance. For drink, good water (not distilled), and tea and coffee, but not chocolate in any quantities to speak of. There are others.

For diet you can have a nice choice, for one-half the profession attributes uric acid to a red-meat diet, while the other half agrees that it is due to starch, and can only be prevented by the free use of red meats. A good rule is not to "bite off more than you can chew," and not to bite it too often.

As for preventiv medical treatment, I won't use the coal-tar products; I am afraid of salicylic acid, and its parent, oil of gaultheria, for long use—it will often smash a heart flat, and most unexpectedly. The salts of lithia are all right; but citrate of lithia contains a non-physiological acid in its combination, and this drags backward as far as the alkali pushes forward. I have run the gamut of all the salts of lithia, by carefully tested experiences of each, and need not recapitulate; but the salt I find enormously the best in all these cases is the lithium benzoate. The acid here is almost an alkali, and splits up, in the system, into physiological remedies; the chemical affinity of the salt is weak, and the base is easily disengaged, and I find it a royal aid in all these cases, and in many in which "uric acid" is not suspected, but usually in affections included in the above list. A ten-grain powder in hot water, before bedtime, and one immediately on arising, usually fills the bill. Sometimes the system will only tolerate five-grain powders. This can be

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pursued for months, or in broken intervals, indefinitly.

Pure carbolic acid (whose great merits in therapeutics are not at all recognized), in one-drop doses (in alcohol and well diluted) taken three or four times a day often acts powerfully on the heart, and increases the whole vital action. How many of your readers have used this wonderful remedy in the "heart" stage of typhoid?

A good mercurial with a cathartic (used, however, as a sort of luxury, and not as steady diet) often produces magical results, which, when left alone, disappear also like magic.

The black oxid of manganese in two-grain tablets, one before each meal, is a better tonic than iron, or pepto-mangan, in these cases, and acts quite imperceptibly. The neurotic distresses just simply go, and say no more about it. But it must be continued.

In these affections there is often a large field for suggestiv and non-suggestiv mental treatment. Only those skilled in this great, and soon to be overwhelming, branch of medical science, can use it directly, but all physicians can and do habitually use it indirectly. That is what makes the difference between the true physician and a shoveler-in of drugs and chemicals—a sort of professional coal-heaver, or mechanical engineer at best. The neglect of this world-wide field has opened the door to Christian Science, with all its perversions and fads, and until our profession again takes up its heaven-appointed work on the mind, the master, as well as on the frame, the slave, of the man, we may expect to see it plundered by thieves from without, and corrupted by rust from within.

Now there is strychnin (or, better, extract or tincture of nux vomica), and a host of specific remedies which every cultured physician has in hand. These are for the special cases, symptoms and conditions; what I have referred to are more in the nature of bricks and mortar and steam-power and oil to the machinery.

But, as I said before, this most comprehensiv category, the bastard offspring of civilization, remains the great, important, and undisputed field of the general practician; let him take care of it.

I. W. HEYSINGER, M.A., M.D.
1521 Poplar street, Philadelphia, Pa.

Two Memorable Obstetrical Experiences.

Editor MEDICAL WORLD:—Tho I have been in peril of my life several times in runaway accidents, and was once dragged by one foot at the tail of my cart over a stumpy road on a night black as pitch, and raining, however I received less hurt from these happenings than from that insidious disease, la grippe. And yet it is the midnight adventure that makes my flesh creep even at this day as I recall all its rapidly transpiring incidents, from the climbing of a spur root of a low stump by one wheel of my cart, till pitcht headlong into darkness, my foot caught in the angle where a brace rod was clampt to the axle; the lines then flew from my hands as I went over, and the horse dasht off at a gallop. I was well wrapt in heavy undercoat and overcoat besides a full suit of rubber from head to foot, and the yielding of the rubber boot allowed my frantic exertions to free me from the perilous flight after being dragged several hundred feet. But my abundant protectiv clothing saved me from serious bruises, broken bones or possibly even death, for there were many logs and stumps on the road, and it yet seems almost a miracle that I lived to tell it, let alone escape so easily. The horse was not recovered until late the next day. I, after getting myself together, went on two miles further, bareheaded, in the rain, on foot, and found myself in ample time, after cleansing myself from mud, to deliver my patient of a fine girl without the aid of medicins or instruments, as my cases, lap robe and other loose things were scattered along a trail too dark to follow. This occurred in December, 1887.

Another time of horror that doubtless could be paralleled from the experience of most of the older practicians, I will relate for it may prove of some benefit to those of your readers just beginning practise. Jack Smith, a farm laborer, aged 24, had married a strong, heavy-built girl of barely 17, with a mixt temperament, sanguin and lymphatic predominating, and with little knowledge of life or its possibilities. He moved from a neighboring county to within 2½ miles of our town, and soon had urgent need for a doctor. He came galloping into town about 1 p.m., Aug. 28, 1890, something less than a year after his wedding day, and rushing into my presence announced his errand as follows:

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"Oh, my God, Doctor! my wife has gone blind and she is lying helpless in bed." I soon learned from him that she was about "eight months gone," that she had been well and hearty up to the time of losing her sight, save that her legs and feet had been greatly swollen for some time; that she had done a large washing that forenoon, and had then prepared dinner, at which meal she had eaten heartily.

I made all haste to reach the house and found the patient with congested features, lips swollen and purple; whilst being wholly unable to see, she was groping with her hands and bemoaning her misfortune in an almost inarticulate way, with some incoordination of muscular action about the face. Before I could open my medicin case the spasm was upon her. Brethren of experience, you know it. I will not describe it in detail. Of those present, half a dozen women, her mother among them, and one man, her husband, all fled the premises without regard to the order of their going, stampeded by that awful exhibition. I was left alone with the patient to battle with death in one of its most horrible and hideous aspects, the blind fury of puerperal eclampsia as seen in a strong young woman. I graspt my chloroform bottle and saturated my pocket handkerchief, then seizing the struggling woman was jerked about like a puppet, but I managed to keep the chloroform near enuf to her face, in her wild evolutions, to get her sufficiently under control, after what seemed an age to me, so that I could go to the door and call for help, her husband responding. I learned now that her bowels had not been moved for a day or so, he thought. So I ordered preparations to be made for flushing them immediately, and meantime gave her a hypodermic of veratrum viride and jaborandi, fl. exts. How much? I am afraid to say, for I was "fighting the devil with fire," and was liberal in my dose, you may know, and used no measure. Still I used the chloroform to hold her quiet, as was needed.

We flusht the colon, and such a wash out! A mass of reeking offensivness from the large intestin was soon brought to light. Shortly after this the woman regained consciousness, but yet she was blind. Did I think of the lancet as a means of relief? Not once, altho the woman was full blooded even to plethora. I was confident I had a case of uremic intoxication from mechanical causes—an overloaded large intestin aided by the gravid womb—and I thought if the first and unnatural cause could be overcome, the last and natural condition might possibly be endured, for she was a woman as nature made her. I did not think, from her form, she had ever worn a corset. Still I fully expected to have to deliver her, but determined to leave that till I had tried all else, unless it was forced upon me.

As soon as she could swallow I gave her about a half teaspoonful of fl. ext. jaborandi with 5 drops of fl. ext. veratrum viride. I then, in a short time, gave her: Calomel, 2 grs.; soda bicarb., 5 grs.; sugar of milk, 8 grs., all rubbed together and at one dose, repeating the same combination every two hours till the bowels were moved or till five doses were taken, alternating this with half teaspoonful doses of jaborandi till she sweat, if possible.

Next morning the syringe was used again with good effect, but the jaborandi neither salivated nor sweat her profusely, but her sight was returning; she could distinguish light.

I had staid with her all that terrible afternoon, holding the spasms in abeyance with chloroform till other things could act. She never had another severe spasm after the first frightful onslaught.

After the calomel acted, I put her on black cohosh and black haw with bicarbonate of potash sufficient to keep her kidneys activ. After some days this reduced the swelling in her legs and feet. I continued the calomel at intervals and ordered her bowels kept open every day, with the syringe if necessary. I ceast my visits after the third day, as her sight was now fully restored; but I kept up the eliminating medicins for almost a month, and had reports from her often.

She was confined Sept. 26, and was delivered by me of a large female child as easily and naturally as any case I ever attended.

But the good Lord remember the poor doctor, for never a cent have I received for my services, and to this day, whether they fully appreciated the gravity of the occasion as they certainly did the horror of it, I do not know, for they soon moved away and were lost from view.

HOMER BOWERS, M.D.

New Ross, Ind.

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Control of Sex.

Editor MEDICAL WORLD:—A person, male or female, of inordinate or excessiv sexual development, will, in nearly all cases, produce the opposit sex, the exception being when mated, if possible, with one of equal sexual development. Every physician must be able to recall many examples of this kind. Some years ago a white woman in this community married an educated Indian. Children of both sexes were born to them. The boys grew to be good-looking white men, while the girls, some of whom I have seen, are typical Indians. A light-haired white man marries a quadroon. Their daughters are blue-eyed blonds, while the sons are darker than their mother. In life insurance examinations the question is always askt, "Which parent do you most resemble?" To this seven or eight out of every ten men will answer, "My mother," and as large a proportion of women will answer, "My father."

Few great men ever lived that did not have great mothers, and few noted women have ever lived that did not have clever fathers.

Many young women are not developt sexually until they have borne at least one child. Physicians are often consulted by young married men in regard to wives who are lacking sexually. In all such cases the first child is a girl, while subsequent births may be all boys; or, if the parents become pretty evenly matcht sexually, they are mixt or alternate regularly, boys and girls.

It has been noted that more boys than girls are born out of wedlock. That is easily accounted for on this theory, for women who bear children out of wedlock are usually those who are well developt and stronger sexually than their "partners in distress."

The writer has personally known three cases of childbirth after supposed menopause. In every case a girl was born.

Horsemen in breeding for fillies have learned to wait until the last hours of the heat, when the mare is quite indifferent and the male is the stronger sexually.

When I was a boy my father, a farmer in western New York, was the first in the township to introduce Spanish merino blood in his flock. Among his grade ewes were two large vigorous ones with long horns something like the Dorsets of today. These ewes never failed to drop ram lambs every spring.

For two or three dry seasons the ewes on my place became thin in flesh toward breeding time, while the ram was grained and in vigorous condition. Result, more than two-thirds ewe lambs; while a small flock of our own sheep, let out where they had the best of feed and were in first class order and the ram not so well kept, had just the opposit result, nearly all ram lambs.

Mr. Drake, Jersey breeder, had all bull calves one season in spite of his alternation theory. He could not account for it, but I could when I learned that the bull in use had become almost impotent from masturbating.

So in general, vigorous and sexually strong males and weaker or undevelopt females produce females, and the reverse produce males. Attention to feeding, exercise and medicin will tend to make or destroy sexual strength if intelligently directed before the contact.

A little reflection must convince any one that this theory must be correct to equalize the sexes and preserve the race. Suppose the French (or opposit) theory were a law of nature: the race could last but few generations. One of the sexes would forge ahead of the other in both numbers and strength, to the utter exclusion of the other in a few generations, and the race would be lost. With such a law, how could the islands and continents have been populated? Suppose, to avoid the suggestion of incest of Lot of old, we have two couples cast upon an island, Cruso like, the men strong and vigorous, the women frail and weak. The children under the French theory would all be males, and when their weak mothers died only men would be left. But with the law as we understand it, the children would be females, and when their frail mothers died the vigorous daughters of the vigorous men would produce both male and female, and the race would be perpetuated. Polyandry, as practised in Thibet, the women having many husbands, especially all the brothers in a family, tends to keep down population, while polygamy tends to rapidly increase population. One small territory, Balti, west of Thibet proper, some years ago abandoned polyandry, and their numbers have become larger than the country can support.

So the Czar has one of two things to do

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if he ever has an heir to the throne: He must intelligently prepare both himself and his weak queen beforehand for it; or a surer way and one already suggested by the press, would be to do as many others have done when they found they were mismated sexually, divorce the frail wife and unite with one as strong or stronger than he, a well-developt, healthy, peasant girl, for instance. H. S. McMaster.

Dowagiac, Mich.

What of Trained Nurses?

Editor Medical World:—At the risk of possibly being lookt upon as unprogressiv, I would like to get the voice of The World and of some of its readers on a matter that has on more than one occasion come forcibly to my notice. It is this: What lines of study should be taken up by the trained nurse in the establishments that crowd the land?

In the first place, I am perfectly willing to admit that the trained nurse is a "good thing;" indeed, in operativ surgery the skilled help and constant skilled attention are as valuable as the operation itself. On the other hand, in the ordinary and everyday work of the general practician in medical cases, what special training is needed other than a person of good common sense (not too old)?—in short, one that knows enuf to carry out her instructions. What special training is required to enable an attendant to hand a patient a glass of milk, a dose of medicin, sponge the body, change a shirt, etc.?

The medical profession fully deserves the reputation of being the most long suffering and charitable of all, barring none, not even the clergy; but do not doctors outdo their reputation in this respect by doing what no other professional or business man would dream of doing? The simple-minded and generous soul impoverishes the finances of either himself or his father in paying college fees for a term of four or five years, "keeping up the tabernacle" in a city boarding-house, then more fees for the final trial, and still again for a post-graduate course; when, having done all this, his fondness for giving has only been nurturing. He settles down to practise in a town in which is a hospital and training-school for nurses. Then his generosity breaks out in very truth, evidenced by his rehearsing his notes or lectures on medicin, surgery, materia medica, etc., etc., to a class of young women in training for nursing. Now is it necessary that for the business of nursing a smattering of all these branches should be taught? Is the nurse to treat patients? Is she to prescribe? Is she to dispense, etc., etc.? The generous doctor has been so assiduous in the prosecution of his trait of generosity that "Othello's occupation will be gone."

With the many "ready-made" and semi-ready-made medicins so glibly talkt of by the laity, and the wonderful (?) "history chart" so carefully prepared by the trained nurse, the medical man just drops in and speaks to the nurse, looks at the chart, shakes hands with the patient and goes on doing his best to educate the public that he is only of secondary importance in the whole business.

Can it be a fact that the sick have in pre-"history paper" days succeeded in their return to health? or did they all die? Candidly speaking, is this thing not overdone? If the temperature be 99⅘°, and the next time 99⅘,° and the third time be 99⅘°, what are you going to do about it? Of course in speaking this way I refer only to the great majority of cases that a medical man has to deal with, not a special surgical or severe septic one.

Time and again have I been told by patients that such and such had been given or procured, as Miss or Mrs. So-and-So had told them to do or get it, and she was, "you know," a "trained nurse."

If we are to have nurses, teach them nursing; if we are to have lady physicians, teach them, and do it well, and in the regular way. What says The World?

Ontario. Practician.

[Nursing is a profession separate and distinct from the practise of medicin, and a nurse should know how to "keep her place" and not try to usurp the functions of the physician. Usually a nurse who tries to so usurp, will soon find herself without engagements, for physicians will not recommend her. The profession of nursing is a handmaiden to the practise of medicin, and a very useful one when confined to its proper sphere; but when it goes outside of this sphere it is not to be tolerated.—Ed.]

Editor Medical World:—I send today for three World binders. I inclose check for ninety cents and one copy of January, 1901, World, for which you offer ten cents. I had two copies, otherwise I would not take any reasonable price for it. Of all the journals I take, The Medical World is by far the most helpful, and I mean to preserve each volume in a binder. Your Monthly Talks are pertinent and helpful.

Taylor's Bridge, N. C. J. O. Matthews, M.D.

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The Use of Watery Extract Tubercle Bacilli as a Factor in Producing Immunity in Tuberculosis.—The Tuberculin Test.

Editor MEDICAL WORLD:—A number of most excellent suggestions have been made by writers to your most excellent journal regarding the prevention and cure of that dread disease, tuberculosis. Dr. Robert's article in the December, 1901, WORLD is especially good in his classification of cases and the altitude which the different cases should seek. Others have written of an out-of door life, exercise, diet, etc., etc., but I have failed to see any mention of specific medication. A proper climate is, without doubt, the best remedy we have; toward making a cure I allow it sixty-five per cent. Next comes exercise, especially systematic lung exercise; exercise should, however, be properly tempered with rest. How often have I seen patients sent here to Colorado whose temperature ranged from 100 to 103 degrees, and whom their physicians in the East had told to take all the exercise they possibly could. We might just as well tell a typhoid patient that he must get up and run a foot race.

Diet, inhalations, prescriptions for special symptoms and general supervision of the patient, with attention to every detail, all these are splendid aids, and accomplish their share toward promoting recovery. Then if we add specific medication in the form of watery extract tubercle bacilli, as prepared by Dr. Karl Von Ruck, we have the ideal treatment for tuberculosis. It is not a "cure all," but will cure early stage cases and cure them absolutely. Climatic cures are often only seeming cures, the progress of the disease being stopt temporarily, or in other words, rendered latent, awaiting the opportunity to become activ when the conditions are right. Climate, aided by watery extract, gives absolute *cures*, as the extract produces immunity. By its use I have been able to cure quite a number of cases that were progressing to an unfavorable termination in spite of the fact that they had been living here for a long time. One of my first cases was one of glandular tuberculosis with commencing invasion of lungs. This lady at thirty had undergone three operations for the removal of tuberculous glands from the neck, axilla and infraclavicular region, and had been living here since '98. She was rapidly going down hill when I took her in October, 1900; she had night sweats, severe hacking cough, hectic and emaciation. After about three months' treatment she was cured and has remained in splendid health ever since. I have also been able to cure several first stage cases and to greatly improve a number of chronic fibroid cases, stopping the progress of the disease and giving them a certain degree of immunity. Have had one case in the latter part of the second stage—a young lady who had never been outside of the State; there was commencing softening in the upper lobes of both lungs; her disease has been arrested and she bids fair to live a number of years.

The remedy has its limitations, but I do not hesitate to say that under proper conditions, using all methods which aid in the treatment, that incipient and first stage cases can be cured and remain cured. Dr. Von Ruck states the limitations so nicely that I will incorporate his statement in this article. He says:

"I have never lost an opportunity to point out the necessary limitations of the remedy, which limitations are absolute, in that it can neither remove fibroid, caseous or necrotic tissues, nor convert them into normal lung parenchyma. It cannot prevent caseous softening after the tissues are dead, remove cavities after they have formed, nor are the symptoms which attend these processes and conditions directly influenced by its administration.

"The almost uniform amelioration of such symptoms is readily explained by the fact that the remedy prevents the further advance of the disease by checking the degeneration of tuberculous tissues, thereby limiting the destructiv processes to the parts that were the seat of them before the treatment was begun. In this manner a case that is not too far advanced in the phthisical destructiv process may still obtain an arrestment of the disease which would otherwise progress and lead to a fatal issue; but on the other hand, the remedy must fail if the degenerativ and destructiv processes have already attained a degree which in itself conditions an adverse result. In the earlier stages, however, when such advanced lesions have not yet occurred, or are present only in a small and limited degree, the patient's recovery follows, as I and others have shown, almost without exception."

Watery extract tubercle bacilli is a great improvement over the old tuberculin of Koch, all of the by-products which

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were contained in the culture media being absent. It is an extract of the bodies of the bacilli themselves—an extract with water and filtered thru porcelain.

One must have some little experience in its use to avoid harmful reactions, but is this not true of any remedy—that great harm can be done if not properly applied?

A word for the tuberculin test. I firmly believe that this test, given in all suspicious cases, is a weapon of the greatest importance, giving us an aid in the eradication of the dread disease. The time to discover tuberculosis is prior to the appearance of bacilli in the sputum, and we can do it by using tuberculin. I am aware that Osler and others state that the test will awaken a latent tuberculosis and fan it into a flame. My experience does not bear this out; but should latent tuberculous foci be brought to light I should consider it a good thing, as treatment could be commenced at once and the whole trouble eradicated. The reason tuberculosis flourishes and is stealing from us hundreds of thousands of our friends and loved ones, is that we are negligent and do not commence the battle until is it everlastingly too late. Von Ruck, Denison, Trudeau, Whitaker and a score of others who have been using this test see in it a wonderful aid in diagnosis, and they all agree as to its harmlessness when properly given.

Let me plead with the readers of THE WORLD to learn how to use the tuberculin test, and to use it in those cases that are doubtful and where a suspicion of tuberculosis exists. FRED. P. TAFT.

Longmont, Colo.

Hysteria in a Man.

Editor MEDICAL WORLD:—Mr. H., age about 54 years, sent for me in haste "as his leg was killing him." I arrived soon and found the most of his family around him trying to relieve him. He was lying on a quilt on the floor near the wall of the room, with his thigh and leg at a right angle to his body. I took hold of his leg and told him to let me put it down. "I can't; it would kill me," he said, almost screaming with pain every breath. The pain, he said, was in the leg. "Rub it hard" was what he told his wife and sons often. I said: "Get on the bed and I can do more for you." "I won't do it, for it will kill me. I want to lie right here." Rub! Rub!! Rub!!! was his cry all the time. After much persuasion by the family and myself we succeeded in lifting him on the bed. He still would not allow any one to do anything but rub his leg. He would not take any medicin only by force. He had no fever; pulse was a little accelerated; he was slightly delirious. After watching him a while I concluded that a good deal of his complaining was imaginary, so I loaded my syringe with $\frac{1}{6}$ gr. apomorphin and in twenty minutes his leg was down and he was vomiting. This hypo so completely relaxt him and diverted his mind, that the pain ceased almost at once. I gave calomel, 4 grs.; res. podoph., 1 gr., and askt for a report from him next day. The following day a message came stating that he was all right. If this sounds like anything else but hysteria to any one, let him speak out.

Mineral Wells, Tex. J. M. LUTTRELL, M.D.

A Glimpse Into Antiquity.

Editor MEDICAL WORLD:—Some 450 years B. C., Dr. Hippocrates gathered around him a select class of young men. Be it said that those young men were gentlemen, noted for their talents and accomplishments, as well as integrity; for before the old Doctor would sign their sheepskins he required them to take a solemn oath to conduct themselves in a way befitting their high calling.

It is human lives that we are dealing with, and the public expects something of us—expects us to be skilful in the practise of our profession. It is very disgusting and undignified for a physician to prate around over the country, making a windbag out of himself every time he does a little skilful piece of work, as tho he thought the public would not find it out. It is in our line of work, and the public expect something of us; they are not going to fall down and worship us for doing something that every physician is expected to do. If we have to make a blow of our successes, let us at least think of our failures. Think of how many times some old woman has knockt us out. I remember one instance, after trying all the ointments and salves that I could think of to heal an umbilical sore, and failed, an old lady came along and sprinkled on a little pulverized green tea, and it was well in two days. An astringent, dry dressing! Yes, I see! A little bit of conceit lost. Had I been inclined to blow, I would not have "blowed" about that.

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The old doctor of ancient times tried to impress on his students that they must be gentlemen; they were required to take the Hippocratic oath. Hippocrates was the great first teacher, and he was eminently practical and successful. He had not the means of studying the minutiae of anatomy and physiology that we have to-day, but he studied man as a whole—the mind as well as the body. He did not have as many theories as we have, and his principles were not numerous; but he knew how to apply them, and to execute his art successfully. He taught that health was life distributed in such a way as to render it a pleasure; and that disease was a departure from this standard. He saw that nature, working thru the individual, had the ability to throw off disease; that disease had its opposit force in nature itself. So the wise old Doctor governed his application of remedies in accordance with natural law, fully recognizing nature's method in the curativ process. It does seem strange that this course of correct reasoning should be lost sight of for 2,000 years.

A medical school was establisht at Alexandria. From this institution Galen was evolved, and here a new system was set up. The teachings of Hippocrates fell into disrepute, and were lost sight of, for Galen taught that disease was an enemy; and that the enemy must be throttled, stoned and clubbed to death with the harshest and most depressing measures. It was, indeed, a battle between the disease and the remedy; but the *patient* generally got the worst of it. This system remained in full force down to the middle of the nineteenth century. Now it is again Father Hippocrates. We now see where he was right.

Hunt, Wis. M. L. GETTINGER, M.D.

Three Points in Neuralgia.

Editor MEDICAL WORLD:—*First:* Don't wait to "try strychnin or aconitin to their full physiological limit," and don't "operate" for neuralgia, since all of these measures will prove needless barbarities after a small hypodermic dose of methylene-blue.

Second: One-fourth, one-eighth, or even one-tenth of a grain of Merck's medicinal methylene-blue in watery solution, hypodermically placed near the seat of pain or near the spinal source of the affected nerve, is generally sufficient. Using these small doses two points of injection may sometimes be advisable at the same sitting. So administered, for local effect chiefly, the drug having a special attraction for nerve tissue, there can be little if any risk of abortifacient action. I have so used it to cure neuralgias in pregnant women, and always without harmful results of any kind. The local smarting is but brief.

Third: Methylene-blue is worthy a place in the hypodermic case of every physician who desires to treat with best success tic douloureux and other neuralgias, especially those showing a tendency to daily recurrence.

Seattle, Wash. ARTHUR DEVOE, M.D.

The Other Side of the Mining Investment Problem.

Editor MEDICAL WORLD:—The articles running thru several months of your journal, in regard to physicians investing their money, has caused considerable comment. It was all one-sided, and all fair minded men prefer to hear both sides and then judge for themselves.

Your wholesale condemnation of buying mining stocks is wrong. I write from no other standpoint, because I am familiar with mining stock and no others. I do not hesitate to say at the beginning that I am deeply interested in them. Some years ago mining stocks were as generally offered to physicians as they are today. Personally I know of many physicians who were heavy losers, and it did seem as if they were a mark for speculators. I made myself familiar with mining properties and came to the conclusion that, if honest and conscientiously handled, they could be made greater and larger sources of revenue than any other marketable matter. In order to do so it was necessary to apply business principles; it was necessary to acquire valuable mineral land; it was necessary to select honest and capable men familiar with mining to take charge of these properties; it was necessary to have confidence in both the properties and the men in charge, in order to instill this confidence into prospectiv buyers.

Mining is very slow business; patience and hope, backt by a determination to win, are factors absolutely necessary. With all of these well fixt, and with the knowledge that mining investments are the best in the world, that they bring the largest returns, one can conscientiously solicit stock buyers even among doctors, confident that the money will be safely invested.

Certain precautions are necessary: One should never part with his money unless he knows to whom it is going, and what will be done with it. Many of those who have invested badly have done so without first informing themselves as to the honesty and integrity of the men, or as to the value of the mining property. Stocks have been sold which represented no property. Many doctors have bought such stock; others have bought stock representing apparently good property, conducted by honest men. Every

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mining investment does not pay any more than it pays every doctor to practise medicin. There are thousands of doctors who have practised forty to fifty years and have not one hundred dollars laid by. There are more failures in the practise of medicin than there are in mining. Statistics show that there are less failures in mining than in any other business; also that larger amounts of money are made.

There are very few business enterprises that can offer to the small investor chances as favorable as in mining, provided only that the men who run it are honest, and are capable of selecting suitable men to handle their properties. How are you going to find this out? Investigate the character of the men; learn the positions they occupy at their homes. No man with a good reputation will lend his name to any doubtful scheme. Find out where the property is located; learn what the local people think of the camp and of that property in particular. It would be wiser to personally inspect the property and come in contact with the men at its head, and spend one hundred dollars in doing so, than to put in $500 or $1,000 and constantly feel that you have made a mistake. Better lose $100 in the investigation by convincing yourself that everything is all right. If many investors had spent $100 in making an investigation, they would have saved money thereby.

Now, I have an ax to grind, and I want people to see that the ax is ground before they put up their money. We represent two of the best properties in this section, and we decline positivly to have it stated that extraordinary risks are being taken in buying mining stock.

It was for the purpose of avoiding great risks and placing honest properties before physicians particularly that I left an activ practise of over twenty-three years in order that I might be on the ground to see that things were properly conducted and to protect the interests of our stockholders. The question will be asked, "What do you know about mining?" All I can say is that constant contact with the mining industry for several years, taking every opportunity possible to examin other working properties and not being afraid to ask questions and read up, has taught me enuf to select good workmen. The results are visible and stand out as to the best evidence.

The trouble with mining is, too much in too short a time is expected. The following is a synopsis of a letter received, which will explain the point in view: A doctor sent in $8.50 and immediately thereafter wrote that he wanted his money back—if he could not get $16.50 per month, he did not think that there was much in the stock.

One cause of failure is that a company starts out with the idea that $10,000 or $20,000 will make a gold mine. The truth is, this amount of money is very small and certainly insufficient amount to do anything in gold mining. Gold mines are not found; *they are made;* and it takes from $50,000 to $100,000 to make one. It takes two, three or more years; it takes hard work and lots and lots of pluck and courage, and it does seem as if it really requires more "sand" than anything else. But with a good property, plenty of money, good judgment and determination, one can make more money and make it quicker than in any other line of business. The money is the most difficult to obtain; therefore, many people join and each puts in what he can spare, and each must take a certain amount of risk. Pluck and determination is part of every progressiv man, while judgment is a matter of education.

Mining requires no other traits than are required in any other business or profession, and the man who will take some risk and will put his money with honest, capable men, of good judgment, is bound to win. There is not a doctor living who would buy a horse in another state without seeing it, or having some one pass judgment upon it; but people in general have bought mining stocks of men of whom they have no knowledge; neither do they know what property that stock represents, and then they expect 100 to 200 per cent in a few months. You can get it sometimes; but sometimes you will have to learn to be patient.

Mining is not near the gamble of former years; wild-cat schemes are rapidly being eliminated. It is as safe and as honest a business as any, provided you associate with honest men. There are to-day more dishonest, disreputable, scheming fakirs and quacks in the medical profession than there are dishonest miners. It would be just as consistent to cry down our noble profession because of the great number of quacks and because of the amount of deception practised in it. Pick out honest men and deal with them, and your money is just as safe as in 4 per cent mortgages, while the chances for doubling your money, and with large interest, is infinitly greater, even for the small investor.

There seems to be a very prevalent idea that physicians have no aptitude for business matters, that they are easily induced to make bad investments, and that they entirely lack a business sense. It is not expected of physicians that they should understand "the mysteries of modern finance." It is very natural for them, however, to wish that their money be so placed as to acquire more money, and if they themselves are not capable of judging what to do with their money, they must follow the general rule that they have followed in all things, and ask advice, and associate themselves with those who are. I am confident that doctors have just about as much good common "horse sense," if not more, as the majority of people, and that they are capable of taking care of themselves just as well as other people are, and when they desire to invest their money, there is only one thing for them to do, and that is, to select men in whom they have confidence and upon whose judgment they can rely.

It is very natural for all people to wish to put their idle money to some good use, and there is absolutely nothing that can make them as much money as when it is placed in well selected mining stocks.

It may not be a bad idea for physicians to believe that they are an easy prey to everything. If this can be firmly fixt in their minds, you

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may rest assured that they will develop into the shrewdest class of business men, for one reason only: they have the brains, and all that is required of them is to do a little thinking.

JOHN M. SHALLER, M.D.
Idaho Springs, Colo.

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In my reply I will purposely use "I," and not the editorial "we." First, I will say that in this entire discussion, nothing personal to any one has been intended. I have proceeded according to the dictates of my conscience, and according to my conviction of duty to the medical profession. I have friends in the mining (or rather the mining stock) business, but I would not for a moment allow that to swerve me from my course. If I had enemies in that business, I would not allow any desire to punish them to influence me. My editorial course is never to serve friends nor to punish enemies, but always to serve what I conceive to be the best interests of the medical profession.

Now let us examin some of the statements in Dr. Shaller's letter: He says that "there are more failures in the practise of medicin than in mining." That strikes me as a rash statement. Think of your class-mates in college: how many have failed? I have known of classes that did not show more than 10 per cent of failures. The highest estimate of failures that I ever heard of was 50 per cent. It is claimed that commercial enterprises average 90 per cent to 95 per cent of failures. I have always doubted that, but many who have made such statistics a study hold it to be true. Compared to this, the practise of medicin, as a business venture, is one of the safest and most certain of success. Perhaps some standard should be establisht. Say take a class, and those members who are practising for a living, ten years after the date of graduation, and who hold a respectable position in their community and in the profession, may be counted successful. Isn't that a reasonable standard? Just think of the medical classes that you have known, and don't you think that the percentage of failures would be some place between 10 and 50 per cent? Where shall we place the average of failures? At about 30 per cent? For good measure let us place it at 40 per cent. That, I think, will satisfy the most exacting. That will give 60 per cent of successes. Will any one claim that mines succeed in anything like that ratio? I don't know much about mining statistics, but I am reliably informed that in the district in which Dr. Shaller is operating, there are about 600 mines; about 60 of them are now being workt; the remainder have been abandoned. This gives us 90 per cent of abandoned mines. True, some of the abandoned mines may have paid in the past. If so, I am not able to estimate the percentage. I think it would be fair to consider a mine successful that produces as much as the total put into it, adding a reasonable margin of profit. All others I would consider failures. Isn't this a fair standard? According to this standard, will some one acquainted with mining statistics tell us what is the average percentage of failures? I believe it to be greater, perhaps much greater, than 40 per cent.

Dr. Shaller advises that $100 be spent in personal investigation and inspection, before investing. It takes time as well as money to take a trip to Colorado. And suppose the trip is made: What does the average doctor know about it when he is "on the ground?" The treasures are hidden beneath the surface, frequently far beneath the surface, and with the most experienced and skilful miners and the most learned geologists, it is only a guess, or at least a very uncertain estimate. Otherwise mining would approach exactness and there would be fewer profitless "holes in the ground." But Dr. Shaller puts emphasis (and wisely) on the honesty of the men at the head. This is easier of "investigation and inspection" than the mining property itself; but unfortunately, honesty does not give an insight into the hidden treasures in the bowels of the earth. But, doctor, you can "investigate" for the placing of a mortgage on your neighbor's farm without leaving home, and your investigation will lead you to definit knowledge. As to the honesty of the farmer himself, you can be absolutely indifferent. Neither his honesty nor his dishonesty will affect the value of your investment, if the mortgage has been properly and legally placed.

Dr. Shaller frankly says that he has an ax to grind, and says that he "wants people to see that the ax is ground before they put up their money." It seems that he wants doctors to put up the money *with which to grind the ax;* for after the ax is ground, there is no further need of money.

He says that he "declines positivly to have it stated that extraordinary risks are being taken in buying mining stock," and then in the third paragraph after this statement he says "each must take a certain amount of risk;" in the next paragraph he speaks of "the man who will take some risk;" and he refers to the necessity of patience and "lots and lots of pluck and courage;" and he confesses that "it does seem as if it requires more 'sand' than any thing else." Amid all this confession of risk, he contradictorally says that "your money is just as safe as in four per cent mortgages."

Is it necessary to analyze the Doctor's article further? Can you see anything in it to turn you from our advice given on pages 138 and 139 of April WORLD? I do not say that physicians "entirely lack business sense;" but I do say that they have no business sense *concerning matters that they know nothing about* —and neither has anybody else. There are safe ways in which to invest money, and there are unsafe ways. I have sought to point out to our readers the safe ways, and at the same time to warn against unsafe ways. As to mining stocks, oil stocks, etc., while there may be, and perhaps are, some which are safe and profitable (held at good prices), certainly the vast majority of those that have been offered to and urged upon the medical profession, if I may judge from my mail, and numerous offerings mailed to our subscribers and sent to me, are "safe" to the promoters only, and, to say the least, exceedingly risky to the innocent and trusting investor.

Before closing I wish to say that, while I do

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not personally know Dr. Shaller, I believe him to be entirely honest, and I believe that he is making honest and earnest endeavors to make his mining ventures pay all who are concerned. I do personally know two of his associates, and as far as honesty is concerned, I would trust either of them with my last dollar; but as to judgment concerning a gold mine—well, I have never yet seen the man whose gold-mine judgment I was willing to accept to the extent of a single dollar.

* * * * * *

I will here give an example of the mine propositions that are being urged upon the medical profession. An artist in a large city sends out a type written letter on his art letter heads, urging doctors to invest in a certain mining stock. The extent of distribution of this letter may be judged by the fact that I received one here several months ago, and now one of our subscribers in Texas incloses one to me as a sample of what the doctors there are receiving. This letter is of the usual "blow hard" character. For example:

"Not once in a lifetime is a chance equal to this offered to the small investor."

If it is so good for the small investor, why does not the large investor come along and gobble up the whole thing? But the large investor is discriminating. He makes a business of investing, and he knows (and those who offer this stock know that he knows) that this is not a tempting investment. If it is not good for the *large* investor, why should it be good for the *small* investor? Did you ever think of that? Apply this test to the bait put out for the small investor, and it will be a "knock out" *nearly* every time. The fact is, the small investor is "good meat;" for he can be gotten on a proposition that a large investor wouldn't touch. The large investor is discriminating; he has to be—and it pays him to be. He makes investigations that really mean something; it is worth his while to do so. He will compare this, that and the other proposition, and take what he thinks is the best. The really good propositions seek him; the "fake" propositions do not, for they know it is no use. The small investor stands in an entirely different position. The really good propositions do not seek him, because they do not need to; they can get capital in the usual way, from capitalists. The "fakes," or the propositions that are not indorsed or supported by capitalists *must* seek the small investor, for they have no other recourse. They study the small investor, learn all his weaknesses (and he has many), and make an art of "gulling" him. The small investor feels flattered, is dazzled by stories of famous mines, and noted millionaire miners, decides to take a "flyer"—and his savings fly, never to return, in ninety-nine cases out of a hundred. All men dislike to lose money; but some men feel the humiliation of being beaten worse than the loss of the money. But let us look at the letter again:

"These shares will rapidly double their present price."

Then why are the holders so anxious to sell them? Why don't they keep them and realize "double their present price"? Did you ever think that, to a discriminating mind, the louder they "blow," the weaker they make their case?

"* * will figure out over fifty millions of dollars worth of ore, practically on top of the ground, which can be mined cheaply."

Here we must take one of two alternativs: either they are fools for selling (unless for full value) such a bonanza, or you are a fool for believing them and in trusting your money to them. Which will it be?

"We are only capitalized for one-twentieth of the ore value now in sight, so this stock should now be worth at least $100 per share. I will assure you that you will not only take no risk in sending me your check for a block of this stock, but will reap the richest harvest you ever dreamed of in an investment."

Do they lie? or are you the fool they think you are? It must be one or the other, for they offer this stock for tremendously less than $100 per share. There may be a play on the expression, "in sight." The moon is in sight, and it may contain hundreds of millions of dollars worth of gold, silver and copper. They say that they have bought and are now erecting a large plant, and that "one smelter, a little north-east of us, (size of ours) started up last August and produced $270,000 worth of bullion the first month." This is entirely inconsistent with their anxiety to sell stock at a low price, for if what they wish us to believe is true, as soon as they get their plant working they could get plenty of cash by producing it (about a quarter of a million a month ought to be enuf for every expense), so they could keep their stock and their profits. These claims do not consist with strenuous efforts to sell stock to small investors at ridiculously low prices. When they go together it shows that there is "a nigger in the wood-pile," somewhere. It shows that they consider the "small investor" a more profitable "vein" to work than the mine that they praise so highly. This has been proven many times, and it seems that the "small investor vein" has not been workt out yet.

This letter from the photographer (it is an effectiv plan to get an outside party, an artist for example, to act as a decoy duck) ends in this way:

"Now please mail me your check for at least a few of these shares at this price * * * and lay them away until they are worth hundreds of dollars, as in the very nature of things they surely must be, as these shares are fully paid up and non-assessable."

These quotations show how strenuous the letter is. That kind of a letter has strong pulling qualities among the unwary, who never stop to analyze a proposition. But a few days ago I got a proposition that I thought was really an exception. They wanted to sell *bonds* (not stock) on certain famous (in the past) mining properties, each sale of bonds carrying with it an equal amount of stock as a bonus, or gift. The proposition was bristling with guarantees, the sales being offered thru a New York company of high sounding name, and clever use was made of the names of certain well-known individuals. When I read the prospectus I said to myself, "here seems to be an exception; this seems to be a reasonably safe, well guaranteed and very promising mining proposition." I am not investing in mining securities, but if I were, I

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would certainly have been tempted by this. I thought I would test it further by submitting it to Dr. Heysinger's (see his article in April WORLD, beginning on page 139) keen and experienced judgment. I wrote to him that I had no idea of investing, but this seemed to me to be an exception to the many transparently dubious propositions floating around. In a couple of days I received a reply showing that this proposition was exceedingly hazardous, and even if reasonably successful, not much better than a 4 per cent mortgage, while the mortgage investment would be free from the great hazard of this investment. He showed it to be so full of holes that I was ashamed of having submitted it. He showed that the prospectus *omitted* certain things as cleverly as it stated others. Besides he knows the district well, having visited it about twenty years ago, when it was booming. It boomed out, with profit to some and loss to others, has been tried several times since without success, and now this company has bought about seventy abandoned mines, united them into one property, which they propose to work with other people's money, obtaining the money by sale of the bonds. As the total cost of the properties was probably a trifle compared with the bonds that they propose to put out, there is likely to be much more money made by selling the bonds than in working the mines. The Doctor figures out plainly how the bonds can be sold, the interest defaulted in a year or two, the bond-holders sue for their security (which is the mines), take the mines, and the owners step out with a profit of millions, gained not by mining, but *by sale of the bonds!* It is the old story: There is more profit in working green investors than in working worn out mines. This is a feat of *financiering;* and financiering is usually more profitable, and vastly more certain than mining. Do you want your savings financiered out of your pocket? or do you think you can do your own financiering in a small, but a safe way?

Dr. Heysinger conditioned my quoting from him in the above case on my stating, also, what he said as to the profits of legitimate mining. He claims, as Dr. Shaller does, that facts and statistics prove legitimate mining to be the most profitable business known. I wish to be true to my trust, and I do not know how to fulfil his condition better than to quote the following parts of his letter:

"So far as my own experience goes, I do not agree that mining enterprises are mostly 'fakes;' as I stated in the article in the April WORLD, statistics show that mining has paid a higher percentage of profit, all around, good and bad (but exploiting of prospects is, of course, not included), than any other form of business investment whatever."

* * * * *

"Nor do I consider that most of the profitless mining enterprises are fraudulent in themselves: that is to say, those getting them up do not steal any considerable amounts of money—but, in the end, lose also their time and labor, and often lots of money, too. They are the blind leading the blind, and, as they work largely with other people's money, they assume larger risks, work with less foresight, and embark in doubtful ventures with less hesitancy than they would were they crawling on their own marrow bones along the dark passages of mining enterprises."

* * * * *

"Legitimate mining, statistics show, and facts prove, is the most profitable kind of enterprise known, and one of the surest; and that most mining projects are faultily presented is more from enthusiasm and ignorance than from fraudulent purpose. At first they (the promoters) are guarded against unexpected failure, and when the unexpected happens, as it usually does, the outside sheep are the ones to be sheared."

Notice, in the first quotation, that the Doctor says, "exploiting of prospects is, of course, not included." This is what we, in regions remote from the mining districts, hear of chiefly. It is the "exploiting of prospects." There is just where we come in, and this is not included in the statistics showing the profitableness of mining. A man who turns his time, attention and means to mining, comes in contact with the real thing. Frequently he shoulders a pick, and takes a "grub stake." He knows nothing about exploiting, and cares nothing about stocks. If he strikes a really valuable find, it belongs to him and any partners who have helpt him; and they can easily get other partners on the ground to help develop it, if necessary. This is real mining, and statistics along this line show up well. But they include such marvelous finds as the famous Comstock lode and other remarkable finds, any one of which would balance many thousands of failures, with a broken down, discouraged and penniless prospector at the end of each. The grand prize in a lottery would make many blanks average up well, but the blanks still are blanks, and the grand prize still belongs to the one lucky chancer. Thus lottery and mining statistics are different from most others. On one hand there are a few who make fabulous gains, and on the other there are many wrecks. Not so with the practise of medicin, for example. See statistics in my "Talk" for last March (pages 126 to 128). It is there shown that the practise of medicin in this country yields about $217,000,000 per year, but it *makes no millionaires and no financial wrecks.* So you see, mining statistics are, in their nature, misleading.

* * * * * *

Several years ago I learned, thru friends who were interested, of the lead and zinc mines of south-western Missouri. Here were metals close to the surface, requiring no great capital nor expensiv machinery, and one of the metals (zinc) was rapidly appreciating in value, because of the demand for it in storage batteries and other uses. Gold, even in small quantities, causes a fever and a rush. Here was the value in other metals, and the opportunities did not seem to be appreciated by the general public. My information was from persons in direct touch, one of whom, at least (who, however, lived in a distant city), I knew to be prospering as he never did before, and I was confidentially informed that there were good opportunities there for a fortune. I became discontented (tho nobody ever knew it) with publishing a medical journal at $1 a year, and wisht myself free to go and "make a fortune." Time and again I thought I would slip away and make a flying trip down there, but a convenient time never came. Two years ago I was in Missouri on other business, and I still thought that I would run down to Joplin. Just as I was inquiring about a ticket I met some Joplin people. They good naturedly allowed me to catechize them carefully. The gist of the interview was that one out of about 23 who

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went into the zinc mining business there came out with more money than he went in with. They said they were glad to tell me the truth in time to save me a fruitless journey. They hinted something about the unhappiness (to put it mildly) of the unfortunate 22 to every one who was fortunate, and they hoped not to see any more of them. I didn't sell out THE MEDICAL WORLD, and I didn't move to Missouri. I have since been very contented and happy in following my own calling, with no desire to change to one that I knew nothing of. Pardon this personal reference, but I like confessions from others, and I ought to practise the same, myself.

Editor MEDICAL WORLD:—Daily we receive alluring letters and circulars from some new mining or manufacturing concern, offering flattering inducements to doctors to invest in their stocks and bonds. Most of these go into my waste basket, but occasionally I glance thru one to see what new and wonderful ways are provided to help physicians and others (who are in an over-hurry to get rich) to part with hard earned savings. Your advice on page 273 is good and sound, and similar to that which I have been trying to practise for years, with reasonable success. Where one investor succeeds, ten lose. Brethren, stick to your profession. If you must invest, consult your banker, and let the promoters keep on promoting and invest their own money. PONS VAROLII.

Connecticut.

Editor MEDICAL WORLD:—Inclosed please find $1, my subscription to WORLD. I feel that your business talks are alone worth many times its cost. They recently saved me $100 that an oil company was about to get. I knew better, but their printed matter had hypnotized me and I was almost taken in when I read one of your later articles. Success to you.

Wenona, Ill. J. B. DUNHAM, M.D.

[I hope that my efforts have saved for the profession a great many $100 and a great many $1,000, amounting in the aggregate to many hundreds of thousands of dollars. All we ask in return is for you to be true to yourselves, your profession and your country, keep your subscriptions paid up, and induce your medical friends to subscribe to THE MEDICAL WORLD.—ED.]

On page 334, Dr. Dorrell has given experience that is worth thousands of dollars to young physicians. It is amusing to read the many articles written on this subject and to note (as Dr. Dorrell says) that they all fail to tell about the fortunes made by their investments. I practised in the great northwest in 1889, 1890 and 1891. I was making too much money, and like all the rest of the fools, had to invest in 75,000 shares of three different mining stocks (for fear I would not keep what I had). Well, my investment paid. What? you say. Yes, it taught me to look after my own cash and transact my own business. The mining companies got my cash, and I got the experience, which, while costly at the time, yet it has been a paying investment for me, as my great desire to get rich quick was thoroly cured. J. R. SMITH, M.D.

Warsaw, Mo.

The Best Possible Investment.

The following letter illustrates what we consider the best possible investment. It is better to make a record like this, and leave your fortune in the shape of young and useful flesh and blood, than to heap up riches to be quarreled over by distant relativs after you are dead. The Nation is made of *people*. The best way to build up the Nation is to properly raise and educate strong, healthy children. What would a Nation be without character? Character building (either in one's self or in the young) is nation building. The man and woman with a record like that given below should count their lives well spent. Let us have more big families and fewer big fortunes; and let the young be taught that character and public usefulness are of greater inportance than the accumulation of fortunes.

THE MEDICAL WORLD:—Inclosed find $2 for 1902 and 1903. Have lost my best friend for forty years; my beloved wife. Loss irreparable.

As to your monthly, I think it the best among all the dollar medicals. I have no time for the long-winded reports of medical associations in the $3, $4 and $5 weeklies or monthlies. Do you suppose I would look for a pin in a bag of sawdust? Life for me at 62 is too short! Your articles on investments have not surprised me. I have for years wondered at the many-sidedness of the rascally promoters. But I have too much trouble to earn money to throw it into their rapacious gullets. Have brought up and educated eleven children. Two are public school teachers, one a minister of the Gospel, one professor and teacher of music and harmony, two druggists, one mercantile agent. In and on these I have invested all my spare cash and have found it so far a paying investment. Six sons are respectable and respected citizens voting the Republican ticket, one son-in-law is a veterinary surgeon, graduate of Baltimore college, one a highgrade tobacco planter, one a trusted employee in a grocery house, one a minister. Who can make a better showing for investments? Your short answers to queries I enjoy very much, and consider them very valuable. Occasionally you are not afraid to give a rap on the knuckles, and I appreciate it. Your articles on the tremendous accumulations of millions are very timely. If all millionalres would do as I and my blessed wife have done—raise and educate children—there would be less butterflies of fashion and more good men and women.

I am a Southern-born citizen; have seen slavery at its best and worst, and want none of it. I have dared to be a Union man in the South when to be one openly meant death. Have had the rope around my neck to be hung because I would not espouse the forlorn cause of the Confederacy. Have risked my life for the United States a hundred times, but *I draw no pension*. Dozens of my neighbors who never lose a day draw big pensions for having been soldiers, and make a great ado about it; and now we have another horde of hungry would-be soldiers who are scrambling over one another, with perjuries and lies, to get on the United States pension lists. It is an outrage and a shame.

Meriden, Conn. CHAS. A. GRAEBER, M.D.

* * * * * *

An order for two pages of advertising for about six months is just at hand, from an advertising agent, acting for a mining securities company, the space to be used for advertising the stock of the —— mines, and the advertising to be paid for in stock of the securities company. We promptly gave our regular reply: That we do not accept advertising of that kind. I don't know how extensivly the order was offered to medical journals. It will be interesting to watch and see how many have, in the near future, a new two-page mining stock advertisement. We sell our advertising space for cash only, and much cash advertising we refuse, because we will not take questionable advertising

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—questionable in ethics or in pay. The letter has many of the ear marks of the usual "boom-fake-stock" letter. For example:

"They are paying 12 per cent dividend on it now and believe they will be able to pay more."

Notice that "dividend" is in the singular number. It might be paid *once*. If it were a genuin permanent 12 per cent investment, do you think they would want to part with it, or have any trouble in getting cash for same, and pay for their advertising in cash?

"We know the officers of the —— —— —— and we know they are square fellows. We believe them when they tell us that the —— —— —— stock is good stuff to own."

* * * "They expect to dispose of no —— —— —— stock except what is paid to newspaper men on this deal."

"Mr. —— —— ——, the secretary, advises us that if these deals are successful in selling the —— stock, he will take up a line of cash advertising in the fall, and the newspapers who come in on this deal will certainly be on his cash list."

Perhaps there is a good reason why they do not "expect to dispose of" any of this stock except "to newspaper men on this deal." The reason is obvious to any one who will think for a moment.

In the last line they reserve

"the privilege of paying cash instead of stock for these bills."

Will any publisher who takes this business expect to be forced to take cash instead of the stock? The average medical journalist is about as poor a business man as the average doctor; and many are taken in by just such letters as this.

* * * * * *

This subject has lengthened out to far greater length than intended. We must now quit giving so much space to trying to save doctors' dollars, and give more to helping doctors to *make* dollars. But perhaps the following, which this discussion has brought to my mind, may be worth telling here: How many remember Jack Haverley's minstrels, that used to come around every season? I remember them well. About twenty-five years ago I never missed an opportunity to attend a performance by this excellent company. I particularly enjoyed the touching ballads with the beautifully modulated chorus in the "first part." The house was always crowded with a delighted audience. After some years of Jack's welcome coming once or twice a season, the word came that he had failed! How could that be? He certainly made lots of money, for he and his meritorious company were popular everywhere. Yes, but he had failed, and would come no more to delight the people. He made plenty of money, but the word came that he "put it in a hole in the ground out in Colorado." He kept putting in, and putting in, and putting in, hoping, hoping and hoping, until he so involved himself that he was a helpless financial wreck. Poor Jack. He died a few years later, and I hope that he is enjoying a heaven of sweet ballads and harmonious choruses, with his jolly, care-free minstrels; and that the mocking glitter of gold does not haunt him.

If any one who reads these lines needs the moral to be drawn from this, let him draw it himself. When we are making enuf for every need and every reasonable want, with something to lay by for the "rainy day," shall we not be content to continue serving in our sphere? Those who listen to the tempter not only do not profit, but they usually lose that which they already have. Thus greed feeds upon its own converts.

Instead of trying to *get* more, try to *do* more. There is *much* to be done. If you don't know anything to turn your hand or mind to, for the benefit of your community and country, turn to the "Talk" for this month for suggestions. The days for heroic service and sacrifice are not past. There is as much need now for a Washington or a Jefferson as there ever was; but better than that, *every voter* should be a Washington or a Jefferson to the extent of his ability.

Physicians' Investments.

The physician's mail frequently contains circulars asking him to take stock in gold mines, other mines, manufactories of roller bearings, improved coffins, and all sorts of other appliances. The great trouble with stock of any kind is, that its value depends entirely upon the sagacity and honesty of some one over whom the ordinary investor has no control. Most such investments imply liabilities far in excess of the original investment. It is not in human nature to make money for a stranger, and thus, if any of these enterprises become particularly prosperous, there is likely to be an artificial reduction of value to compel the small investor to sell out at a nominal price to those controlling the business, or, in one way or another, the business will be turned over to another company or reorganized, to prevent the outsider from getting his share of the profits. On the other hand, the latter always enjoys his full rights if there are losses to divide.

Another favorit scheme is, cooperative investment in some form of wholesale drug business, including sanitaria and mineral waters. Many such enterprises are perfectly honest, and, if properly managed, with sufficient initial capital, they should be successful. Every little while the physician is appealed to, to take stock in some proprietary medicin, on the ground that he has a "sure thing" because he can increase the sales by prescribing. The most ambitious scheme of the kind that we have happened to see is a recent one in which each cooperator has a voice as to the make-up of the formula. By such a plan as this, every humble physician with a few dollars to spare may become a Pierce or Lydia E. Pinkham. While it would be going rather far to say that a physician should never be an investor in a drug, mineral water or other appliance which he may at some time prescribe, he certainly ought not to be directly concerned in the choice of medicins for his patient in any way except the professional one for which he is employed. Aside from the ethical consideration, any tendency toward a fixt formulary ought to be deprecated, as the best therapeutics is that which prescribes independently for each patient, and the less compounding there is of different drugs in a single prescription, the better.

Another general warning with regard to investments is to avoid anything too remote or with which one is unfamiliar. Distance often lends enchantment to an investment, but seldom any material benefit, and no investment should be beyond the reach of occasional personal inspection. A farm leased or workt on shares, may be a paying investment to a physician located in a neighboring village, who can use some of its products in his own kitchen and stable, but it rarely pays over two or three per cent to a city resident who has no knowledge of farming. On the other hand, city real estate is liable to prove a burden to one not familiar with local conditions, as many of our readers can testify. * * * Often the wisest investment is a direct expense for professional equipment, self-education and reasonable recreation.—Editorial in N. Y. Med. Times.

DR. C. F. TAYLOR:—Your articles on investments for physicians are worth the price of your journal for several years. You have a live medical journal. I am well pleased with it. Please find inclosed one dollar in currency for my subscription. A. F. SPEICHER.

Elk Lick, Pa.

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Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—A man 42 years old, married, has four children, weight 195 pounds; has ringing in ears and floating spots before eyes constantly; also loss of memory and energy. Appetite good, sleeps fairly well, retains his weight; sexual vigor not so strong as two years ago, but he is very careful in his indulgence. Been in above condition for nearly two years. Medicin does not benefit him in any of his symptoms. Bowels generally regular; has a weak, tired feeling in lower limbs part of the time. He is afraid he has organic brain trouble, or that he won't get over his eye trouble. Can you give me advice and prognosis in WORLD?

Dunkirk, Ind. S. A. BANKS, M.D.

[We cannot base a prognosis on the data furnisht in your letter. What have you given him? Have you carefully excluded sugar from the urin by repeated examinations? Has he any specific history? Is he hysterical, melancholy, or neurasthenic? The statement of weight, without giving height, is valueless. Why did you not tell us what you did for his digestiv functions? Have you examined his auditory apparatus?

The following suggestions can do no harm, and should do good: Have him take a shower bath every morning on rising (he can improvise an apparatus with a perforated tin bucket and a pulley and string in any out building) beginning with tepid water and gradually cooling each successiv morning until he can take the water very cold; follow by a brisk rub down with a coarse bath towel. Forbid tobacco, coffee, tea, and all liquor; also condiments, pickles, pastry, cake and heavy meats. Insist on slow and complete mastication without any liquid whatever at meals. Give him a mild course of salines, and follow it with pepsin and strychnin before meals, and four drops of freshly prepared nitro-muriatic acid fortior in a glass of water following meals. With head mirror and ear specula see that no "wax" is in either ear; if any be found, remove it by prolonged and repeated syringings with warm water. Bring all your powers of suggestion to bear in assuring him that he shows no evidence whatever of organic brain lesion. Tell him about staggering gait, unequal pupils, exaggerated reflexes, etc. If he don't improve, and you wish to write us again, give fuller details.—ED.]

Editor MEDICAL WORLD:—What treatment would you suggest for a mucous cyst located on the under surface of the tongue midway between the apex and root? As fast as it is burned away it returns. Have used trichloracetic acid, chromic acid, etc. Other physicians have given the case up. The present condition has been appearing at intervals for five years past.

THOMAS J. CROWLEY, M.D.

San Francisco, Cal.

[We think the treatment rather too vigorous. We would suggest free incision followed by repeated applications of some such mild antiseptic as peroxid of hydrogen; or in event of failure with this treatment, excision followed by the actual cautery should prove efficient. Cauterization with pure formaldehyd would also probably prove curativ; it may be applied for a moment on an applicator about which a pledget of cotton has been wrapt. While not poisonous, formaldehyd in purity is intensly destructiv to tissue, and the primary applications should be but momentary; subsequent ones may be lengthened if they are found necessary. Several days must be allowed for the eschar produced by formaldehyd to separate, and it is useless to attempt to hasten the process. —ED.]

Editor MEDICAL WORLD:—I would like your views and those of the WORLD readers in regard to typhoid fever. Can we have true typhoid

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fever without any fever at any time? This is brought to mind by a case under my observation: A woman 38 years of age, after an illness of two months, diagnosed in the beginning as inflammatory rheumatism by the attending physician, went along without much change either way after acute symptoms had subsided, until the third month. She was never able to be out of bed at any time only for a few minutes. At the beginning of the third month she began going down, but with no new symptoms. She was said to have typhoid fever by another physician, who was called in and finally took charge of the case. She lived three weeks after she was said to have typhoid fever, but had no fever till a few days before death. She had no symptoms of typhoid except the general appearance and an enlarged spleen. No tympanites, no diarrhea, no fever, but for three weeks she was a raving maniac, finally dying after being sick for three months. I would like to hear a full discussion.

What is the consensus of opinion of the profession in regard to the use of hot water injections in labor, first stage, for the purpose of dilating and hastening labor? Is it of practical benefit? I have been thinking of getting an outfit for the purpose. H. A. GILTNER, M.D.

Chelsea, Ind.

[We have never seen a case of typhoid fever without elevation of temperature, but many able clinicians insist that such cases are sometimes observed. In a case like yours, one should always endeavor to rigidly exclude miliary tuberculosis, which frequently so closely simulates typhoid fever as to delude the most expert practicians. What have the members of the WORLD family to say to the puzzled brother?

The best obstetricians no longer use the hot douche in normal labor except for the purpose of dilating the rigid os. If the os be rigid, belladonna or cocain ointment applications are apt to be more successful and less troublesome than hot injections; or bimanual dilation may be tried. The injection is said to flush out the normal secretions, which are the best lubricants, and leave the soft parts in worse condition for the passage of the child. There is less unanimity of opinion regarding the douche after completion of the third stage; the majority opposing its use. If you wish to use the hot douche, you need nothing but a yard of rubber or thin oil cloth and a fountain syringe. In use, bring the woman to the edge of bed, lying across it, with thighs and legs flext and feet resting on chairs. Place one end of the rubber sheet under the hips and the other in a pan or bucket on the floor; insert nozzle up to os, elevate the fountain, and start the stream. Irrigation may be continued indefinitly by refilling the bag without lowering it.—ED.]

Editor MEDICAL WORLD:—On page 305, July WORLD, E. M. F., M.D., of Texas, asks for a remedy that will remove or absorb pterygium. In your editorial reply you state that you do not know of any remedy. I wrote an article for Merck's Archives last fall (I cannot now recall the number in which it appeared) and in that article I spoke of the action of calomel on pterygium. I was clearing up an opacity of the cornea on a patient, and he had a pterygium. Long before the opacity was removed I found to my surprise that the pterygium had disappeared. Knowing of another party with pterygium, I gave him a camel's hair brush and some calomel and directed him to dust it in his eye night and morning. In two weeks the pterygium had disappeared. Since reporting this discovery (which I have never seen printed in either a medical book or journal) in Merck's Archives, I have never seen it refuted. I believe it will remove pterygium if not too long establisht. The *one* I removed I know the patient had for over three years. I hope that E. M. F. and others of the WORLD family will try it and report results.

Califon, N. J. S. H. JOHNSON.

[We are glad to give space to the communication, but are not prone to become greatly enthused on one, or even on a small number of cures. If the Doctor can report us 100 cases with a small percentage of failures, then we would be pleased indeed. We should fear the insolubility of calomel might make it a dangerous agent to place in the hands of the laity for brushing into a pterygium. Might it not form masses in the eye which would prove a source of irritation? On account of the Doctor's positiv claim, and the hitherto difficulty of cure without operation, we would be inclined to try it in office practise; but we would doubt the propriety of placing it in the patient's hands for personal application. We hope the "family" will experiment along this line, and report.—ED.]

An Evidence of Fraternity.

Editor MEDICAL WORLD:—In the June WORLD, page 251, appeared a short letter over my signature in which I askt for help in case of my wife. We have a number of direct replies to said letter from Maine to California? I write for my wife, as she wishes to express the deep gratitude of her heart to every one of the writers of those letters. One doctor in closing his letter said, "God bless her." She prays for all of those who wrote to us. She received from one quite a lot of valuable medicin, prepaid; for all of which she bows her head in due reverence and returns thanks. She is doing very well. I think the letters themselves helpt her very much. She says God bless every one of her sympathizers. I hope I will be pardoned for not writing to every one individually. That would require more time than I can spare. So I take this method of reply thru your columns. THE WORLD is certainly a great medium of correspondence and helpful exchange of ideas and practical knowledge among physicians. Long and successful may be its career. M. W. C. FRAZIER.

Carrizo Springs, Texas.

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Query 1: Does the hair grow any after the death of the body?

Query 2: Give the therapy of formaldehyd.

JAMES O. MATTHEWS, M.D.

Taylor's Bridge, N. C.

[In many cases the hair and beard grow after death, altho this depends greatly upon the state of nutrition at death. The hair or beard of a healthy man suddenly killed will frequently grow for a considerable length of time; but those who succumb to protracted illness rarely produce any considerable growth of hair. No rule can be stated, however, as those dying of typhoid fever or consumption sometimes produce extensiv post mortem growths of hair.

The therapy of formaldehyd will be considered editorially in an early issue.—ED.]

Editor MEDICAL WORLD:—I have a case of blackheads that I have failed to cure. Please give treatment. Fowler's solution benefits for a while. J. A. PARK.

[After digestion has been made perfect, and the urinary and defecativ functions are working properly, only local and external treatment is of any avail. Have the patient take a full warm bath, with friction, each week. Press each "blackhead" out with a large sized old-fashioned watch key or comedone extractor once weekly. Scrub the affected parts thoroly with pure soap and hot water and efficient friction once each day. In a few days the cuticle will become reddened and sore; then omit the treatment long enuf to allow the skin to be less sensitiv, and then repeat. After the affected parts have been thoroly scrubbed and dried, some such emolient as wool fat may be gently rubbed in. Sulfur ointments are occasionally employed with benefit. Do not hope for permanent benefit from systemic medication alone. Get the general systemic functions working properly, but depend most on the local treatment, and you will cure the case.—ED.]

Editor MEDICAL WORLD:—Woman, married Oct. 6, 1901; began to menstruate Sept. 22, flow continuing four days. June 23, 1902, gave birth to a well developt girl weighing seven pounds. Could impregnation have occurred subsequent to marriage?

Rosendale, Wis. C. A. DE VOE, M.D.

[It is now conceded that menstruation and ovulation are independent of each other. We would have no reason to doubt the woman's chastity. Also, it is by no means rare for a primipara to give premature birth to a well developt babe. We would always, when possible, take the woman's part in any controversy. Doubts may arise, even in the minds of medical men; but the consensus of opinion from the best experts will now shield the woman for many weeks.—ED.]

EDITOR MEDICAL WORLD:—Mrs. C., aged 27, mother of two children, aged 6 and 3 years, has had good health until about twenty months ago, when her abdomen began to enlarge, and she thought herself pregnant. In September, 1901, I was called to see her and found the abdominal cavity filled with water. On Sept. 25, 1901, assisted by Dr. Miller, we drew away four gallons and a half of water, and since that date my wife and I have tapt her twenty-four times, drawing off about ninety gallons of water. She has menstruated only once since her last child was born. Her heart is normal; very little liver trouble. I think the ascites is produced by her kidneys failing to act. I have tried all the common diuretics: Apocynum can., oxydendron, bitartrate of potassa, juniper, etc. I would like to have your treatment in this case. She is in splendid health for about one week, before she begins to fill; then her kidneys fail to act entirely. Activ cathartics do not have any effect whatever.

Grundy, Va. J. W. WALDRON.

[Your patient has had the benefit of the best of treatment, and we are glad to compliment you on the thoroness of your measures. We have no criticisms, and regret that no suggestions promising benefit can be made except to persist in the same measures. We have seen seemingly hopeless cases kept alive for years by activ catharsis and juniper berry infusion and potassium bitartrate in heroic doses. Can any of the "family" suggest anything to the Doctor?—ED.]

Editor MEDICAL WORLD:—I send you to-day under separate cover a sample that is being passed by a child, age about 16 months. Child seems to be well except slight constipation, and when laxativs are given, that is the kind of discharge that passes away. Has been passing the black, thread-like stuff about six months, only lately has passed the lumps containing the threads. I have not been treating the child; it has not had any treatment, as it seems to be well. I do not know what it is, but think it is a growth or a disease of the colon or rectum. Can you give me any information? W. F. SCHENK, M.D.

New Corydon, Ind.

[The specimens are certainly curiosities. We have never seen anything like them, but have reserved them for future examination. We suggest your sending a specimen such as you sent us, to some physiological and pathological laboratory. We

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believe Parke, Davis & Co., Reed & Carnrick, and others, make such examinations at a low fee. More details would be acceptable. How much of this material is passed after the administration of a laxativ? How often have laxativs been habitually administered, and what was the agent employed? If you have not been treating the child, how do you know that the specimen came from the child's stool? To designate it as a "disease of the colon" would not be satisfactory. We deem the matter of sufficient interest to demand careful study, for you have either a very strange condition or have discovered a new variety of parasite. We shall make our own microscopical examination, but would like to have a control examination made by another. Preserve enuf of the specimens. We will gladly hear from you later and will report the result of our further examinations.—ED.]

Editor MEDICAL WORLD:—Dr. John F. Fraser, 249 West Thirty-fourth street, N. Y., claims to use a local anesthetic in urethral operations that is unlike cocain. His words are as follows: "This new preparation that I use in urethral operations possesses all the anesthetic qualities of cocain, but unlike cocain, it does not depress the heart, cause fainting or chills." What is it? Is it cocain just the same, or is it some other really good agent that he uses?

Attleboro, Mass. J. C. CAMPBELL, M.D.

[There are now many proprietary preparations on the market for which such claims are advanced. We suggest communicating with our advertisers. It is our rule not to exploit any proprietary drug in this department. Always read our advertising pages as carefully as any other part of the journal, for only the best announcements appear there.—ED.]

Editor MEDICAL WORLD:—I have been afflicted for ten years with catarrh of pancreatic ducts; very bad for four years. Only troubled with a little biliousness once in two months now. My bowels appear to be in good order. Have taken lots of calomel, and this seems to be the only drug that affords relief. A. B.

Cal.

[We admit a slight bias when protracted or frequently repeated courses of calomel are employed for such purpose. We have had better success by giving a brisk calomel purge followed by a saline, and then putting patient on generous doses of pepsin and strychnin, accompanied by four to six drop doses of U. S. P., nitro-muriatic acid, freshly prepared, given in a half-pint of water before meals. The nitro muriatic acid of the average pharmacy is useless. The drugs must be freshly mixt. When prepared properly, the mixture takes on a brilliant red color in the course of a few hours and maintains it for many days. When the red color fades to yellow, the mixture has lost its best therapeutical efficiency. The dilute preparation is not to be commended. Exercise great caution in blending, and leave vial uncorkt until after effervescence has ceast. Any strong alkali is an antidote if applied immediately to hands or clothing upon which the mixture has been accidentally spilled. There is no cause for fear in use of the mixture, however powerful it seems in an undiluted state.—ED.]

Radam's Microbe Killer.

Editor MEDICAL WORLD:—I so often see inquiries in THE WORLD about Radam's Microbe Killer that I thought it might be of interest to give the history of this proprietary remedy as it was given to me by the general agent in San Francisco some years ago, who claimed to have known all about the preparation of the microbe killer from the time it was first put on the market. This history will possibly help us to arrive at its ingredients.

He said the microbe killer is a combination of dilute acids, and that the formula was first sold all over the country as a fruit preserver. One day Mr. Radam was feeling ill, and he wondered if some of his fruit preserver would not help him. He tried it and it seemed to help him greatly. He then tried it on some of his neighbors who were in bad health, and found it beneficial to them. He then decided to cease selling the formula, and to manufacture his new remedy and put it on the market, and he found his new venture a very successful one.

My wife had bought the formula for the fruit preserver some years before he told me this, but had never used it. After he told me this I tried to find that old formula, but was not able to do so. It may be that some one who sees this may have preserved that old formula for preserving fruit, and can give it publicity for the benefit of the many who are inquiring about the microbe killer. D. T. STANLEY, M.D.

Detroit, Mich.

RADAM'S MICROBE KILLER.

The following is given in the Druggists' Circular as making a preparation closely resembling this proprietary medicin:

Take of—

Sulfurous acid, U.S.P.	4 ozs.
Commercial sulfuric acid	4 drs.
Muriatic acid	2 to 10 drops
Red wine	1 oz.
Water enuf to make	1 gal.

Mix.—Secret Nostrums and Systems.

Editor MEDICAL WORLD:—Can any of the family give me the formula for the St. James

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remedy for drug addiction? I have a case where the patient has taken from seven or eight to fifteen grains of morphin each day for seven years. His entire system is "toned to the morphin key." Will not sudden withdrawal throw him into neurasthenia bordering on collapse? I have seen sudden withdrawal followed by early death. My patient is 40. In 1895 had diphtheria, complicated on the third day by diplopia, the left external rectus being involved with fixation of pupil, with intense facial neuralgia supervening. He had left upper molars and bicuspids removed. The antrum was curetted, with no benefit. Then he resorted to morphin. He had inunctions of iodid of mercury, and sodium iodid as high as sixty grains t.i.d., until the stomach rebelled. He had no relief except when narcotized. In 1898 he attempted to quit the morphin, but became neurasthenic and anemic, so resumed the drug in quantities of six to eight grains daily. Ataxia developt slowly until he could not walk without support during two and one-half years. He can now walk on crutches. Has had occasional inunctions, and also uses a galvano-faradic battery. Every four to five weeks has attacks of the characteristic lightning-like pains, accompanied by biliousness; but sometimes the intervals will last for three months. In winter, legs and feet are always cold. For first two years he had severe pain in the prostate on coition, and slight vesical insufficiency; both symptoms have now disappeared. What line of treatment would you adopt? Would you advise his giving up morphin altogether?

ARTHUR A. COTTON, M.D.
Los Angeles, Cal.

[There is no reason why a victim of locomotor ataxia should use morphin habitually to excess, and we would advise its gradual withdrawal. When the crisis of pain comes on, no drug but morphin will give relief, and it will be necessary to continue its use at such times and in such amounts as may be necessary. Possibly codein, or other similar drug may be substituted, in intervals, and then gradually withdrawn. It is a hard problem, for the imperativ demand for the drug during the crisis will probably upset your plan of gradual withdrawal. If he is not too familiar with the drug, announce that you will withdraw the morphin immediately and completely; then give him deodorized tincture of opium in an amount equal to the morphin he has been taking, and reduce the dose drop by drop. Then employ the morphin for the crisis. Many cases are cured in this way. If he has true locomotor ataxia, no treatment will be of any avail—see any good work on Practise. Keep his bowels regular and digestion as good as possible. Use massage and passiv motion and continue the electricity. Measures are never more than palliativ. The markt improvement suggests grave doubts as to the correctness of the diagnosis. Intense and painful erections are commonly observed in the onset of the disease, but sexual debility commonly seen supervenes and lasts thruout the case. Will be glad to have any of the family offer comments, and will be pleased to hear further of the case. See in this connection, an article on "The Mattison Method in Morphinism," which we will try to get in the Current Medical Thought department of this issue.—ED.]

Editor MEDICAL WORLD:—I have read many articles in medical and lay journals on the proper methods of preparing milk so that it might be suited for use in cities, and I have given considerable personal attention to this problem. Most of them appear to fail to grasp the vital point; since they begin at the point of dispensing rather than at the point of origin of the supply. I am a country boy and have been familiar with the methods of milk production all my life. Let us follow a can of the milk from farm to city: The can is made of tin and has a wooden stopper that has been used many times; in hot weather it is partially or completely filled with milk and shipt perhaps forty miles and then hauled three or four miles to the wholesale depot, where it arrives covered with dust outside and with a horrible stench arising from the inside when the stopper is removed. It may be hurriedly emptied and washt and scalded, or if the driver be waiting this formality is omitted and the can is refilled. Some dairymen wash their cans carefully, but many more are careless. Now is it any wonder that the milk reaches the consumer in poor condition? More or less decomposed milk adheres to the seams of the tin can and in the crevices of the wooden stopper. It is astonishing that the milk endures the abuse as well as it does. What is the solution of the problem? I say the can should be thoroly scrubbed before leaving the city, and that no can that has contained other fluid than milk should be used until it has been thoroly cleansed. The producer should be compelled to take better care of both milk and cans. But can they afford to do this? They get sixteen to twenty cents for two gallons of milk, estimated from the average prices for the past ten years. The margin must be small, for it takes at least two cans for each animal. I think this estimate too high, for taking twenty cents per day per animal, I do not see how the expense of cleanliness can be incurred. It is possible that limitation of the product might solve the difficulty. The filthy producer should give place to one who is willing to furnish clean and pure milk. The matter is worthy the attention of every member of the WORLD family.

C. F. PATTERSON, M.D.
Rye, N. H.

[Doctor, your communication is timely

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and your position well taken. Conditions vary greatly in different sections, but you seem to be in one of the most unsanitary. Write us again next spring as to what you have acomplisht in the matter of dairy sanitation.—Ed]

Current Medical Thought.

Treatment of Hemorrhoids by Caustics.

In 1876 Andrews, of Chicago, gave statistics which were obtained directly from advertising specialists, showing that in 3,200 cases of hemorrhoids treated by injection of caustics there were 13 deaths due directly to the treatment, besides 8 cases of embolism of the liver, 10 cases of dangerous hemorrhage, numerous cases of severe pain, abscess, fistula and ulceration. Since that time there has been no evidence to indicate that better results have been obtained. A report of six cases of death due directly to this treatment is given covering the past 18 months. All were treated by advertisers but subsequently came under the care of regular physicians from whom reports were received. In every case an abscess formed as the result of the injection and septic infection followed resulting in death from six to ten days. In one case was pneumonia, in another thrombus of the hepatic vessels. Many of the bad results following this treatment are attributed to the method of injection. Having the piles protruding thru the anus and then injected when the vessels are distended with blood is bad practise, because when the tumors are replaced much of the coagulated blood is forced from the pile tissue into the surrounding vessels and may cause abscess or slufing. The better method is to use a tube speculum, and after the blood is prest out of the tumor, inject the caustic, thus avoiding the formation of blood clots in the vessels. Many cases were treated in this way with only two unpleasant results. In these two cases there was secondary hemorrhage which was easily controlled. This method of treatment is advised only in cases where a general anesthetic cannot be administered. The treatment of piles by injection is the most dangerous method in use as is shown by statistics. The relief in the majority of cases is temporary, averaging about four years.—Geo. J. Cook, M.D., Indianapolis.

The Mattison Method in Morphinism.

* * * The next morning I went back and began at once the Mattison method, and in three weeks' time the woman was well with a minimum amount of trouble.

You will recall, gentlemen, that the Mattison method, in short, is rapidly filling up the patient with bromid of soda and at the same time rapidly reducing the amount of the narcotic; with the downward stroke pump him full of bromid and with the upward stroke pump him dry of opium. There are two necessary preliminaries to the treatment, which must be observed, else the result will be very doubtful, if not a certain failure. First, put the patient to bed, absolutely as much to bed as if he were in the third week of typhoid fever. Second, have a nurse of firmness, honesty and decision, whose sole duty is to stay with the patient all the time. The special reasons for these two requirements will appear in the further elucidation of the subject.

In Hare's Therapeutics the method is detailed as beginning with sixty grains of bromid of soda twice daily and increasing the dose ten grains each day for seven days. In the Twentieth Century Practise the initial dose is put down at thirty grains with the same daily increase for seven days. Dr. Mattison himself now begins with an initial dose of ten grains only and increases by ten grains each day for ten days instead of seven, the amount of the bromid being practically the same in each case. I have not had any experience with the smaller initial dose, having used the sixty grain dose in all cases. In one of these cases at least I am satisfied that a smaller amount would have answered the purpose. Dr. Mattison, who, of course, has had more experience in its use than any one else, thinks the sixty grain dose unnecessary. I am inclined to think that he is speaking from the standpoint of a hospital physician, and that in general practise the larger dose, thirty grains at least, would be necessary.

Having selected an eligible case, let us begin. At 4 p.m. and 4 a.m. give a dose of the bromid, and at 10 p.m. and at 10 a.m. a dose of the accustomed narcotic. For the first few days give the opiate in gradually diminishing doses, and afterwards when the patient is becoming bromidized, diminish the dose more rapidly, so regulating it that the last dose is given not later than the tenth day. If anything else is required to relieve pain or secure sleep, give a dose of codein or trional. Dr. Mattison regards codein and trional as very important, tho not necessary factors of his treatment. In the cases which I have employed the treatment I have not found it necessary to use either one of them. I might find it necessary in my very next case to use one or both of them, but I would hesitate a long time before using codein. Here comes in again the difference between hospital and general practise. Codein is all right, if necessary, in hospital practice, but in general practise in these cases I have a prejudice against it on account of its maternal ancestor. In any event, it is rarely called for till after the opiate is entirely withdrawn. Tonics and digestivs, especially strychnin, may be given along as necessary, and elimination lookt after in the latter part of the treatment. After the first few days, the patient grows drowsy, shows no disposition to get up, sleeps most of the time and shows signs of muscular weakness. There is the bromid breath and may be some hallucinations, delusions and aphasia. The pulse usually falls to 70 or 60, but in my first case it began at 60 and gradually rose to 120, necessitating the use of digitalis.

The rationale of the bromid treatment is, that all the troubles in discontinuing the habitual use of opium, such unpleasant symptoms as yawning, sneezing, aching pains, vomiting and diarrhea comes from the reflexes, and these are

abolisht by large doses of bromid. Remember this when you undertake a case—the citadel to be attackt is the reflexes, and the slogan of war must be down with the reflexes.

What are the advantages of this treatment? It gets the patient off of his drug with the least amount of suffering. Sudden withdrawal is cruel. The family also is saved any amount of sympathetic misery and often this gives the doctor as much trouble as the patient himself. Second, it is much less trouble to the physician; in fact, it is the only treatment he can use outside of a hospital without the greatest amount of worry and annoyance. It is by large odds *the* method for the general practician. Having had considerable experience both in hospital and out, I have made the statement that positivly I would not undertake to treat a case of opium inebriety with any hope of success except with the patient under lock and key. I am of the same opinion still, but maintain that the Mattison method is virtually lock and key. It is chemic or therapeutic restraint. To be successful you must so brominize your patient that he would get up if he could, and couldn't get up if he would. This is the milk in the cocoanut, and requires discrimination to know when this point is reacht. Some patients will require more and some less bromid, and some will require adjuvants, while others will not. The method must be elastic. As Mattison himself aptly puts it, "you must mix your bromid with brains."

Another advantage: A physician, who knows this treatment by experience, will use no other. The same is true of the patient. Literature is full of descriptions of the horrors attendant upon the escape of the opiumist from his thralldom and I cannot say that the pictures have been overdrawn. Many unfortunates of this class forbear undergoing treatment thru dread of suffering. A knowledge by experience or otherwise of a possible escape without these horrors would largely swell the number willing to undergo treatment. I confess that this advantage might also work as a disadvantage. The knowledge of a quick and painless release from his habit would cause him to fight less valiantly against its resumption.

In my opinion the Mattison method has no advantage over any other method in making the cure permanent. It does not make the "Keely Klaim." As in any other treatment the patient must not be dismissed too early, but must be considered a patient for several weeks and be lookt after with tonics, restorativs and restricted environments.

Are there any disadvantages? To be sure, cases must be properly selected. There are some weak, broken down cases in which it could not be used to advantage. It is depressing to muscular tissue and could not be used where there is markt cardiac weakness. In properly selected cases there are no untoward effects either during or after treatment. One condition may or may not happen during the progress of the treatment for which you must be prepared, and that is mental aberration. There is always more or less hebetude of mind, which in some cases, especially when the larger doses of bromid are used, many go on to acute dementia or in other cases to mania with hallucinations and delusions. This may or may not be the result of the large doses of bromid, as mental symptoms with delusions and hallucinations often occur in such cases independent of the use of bromid. In any event you must be prepared for such an occurrence or you will likely be very much frightened. Such symptoms are always transient, and rapidly subside as the bromid is eliminated. There need be no fear of a permanent dementia from a ten day use of bromid, however, often that condition might occur from the long continued use of the drug as in epilepsy. The family must be warned in advance of the possible mental symptoms or your position will not be an easy one. In giving this warning the occurrence should be attributed to the withdrawal of the drug and not to the administration of the cure.—Dr. W. P. Ivey, of Lenoir, N. C., before the N. C. Med. Association.

Pennsylvania Medical Examination. Questions Used June 25-28, 1902.

Anatomy.

1. Name in their order, the structures between the cutaneous surface of the perineum and the mucous membrane of the bladder, at the prostatic plain.
2. Describe the structures composing the inguinal canal, and locate the related principal artery.
3. Describe the elbow-joint, name the ligaments, and give their attachments.
4. Give the macroscopic anatomy and location of the right kidney.
5. Locate the caput coli, and describe its relations.
6. Give the gross anatomy of the eye, and name its external muscles.
7. Describe the superior maxilla, and give its relations.
8. Describe the trachea.
9. What is the chief difference between the male and female pelvis?
10. Name and describe the arrangement of the carpal bones.

Physiology.

1. Describe lymph, state where it originates, and explain the functions of the factors operativ in causing its circulation.
2. Name the centres and the nerves which regulate intestinal peristalsis, and describe their action.
3. Name the varieties of blood that circulate in the liver, state their sources, and give the destinations and functions of each.
4. What is the physiological significance of the normal patellar reflex, and thru what nerves is it accomplisht?
5. Name the end products resulting from the digestion of the three principal types of food, and explain how and thru what channels they enter the circulation.

Pathology.

1. Describe the pathologic condition of both the tissues and circulation which cause edema, and explain its production.
2. Describe the bacillus typhosis, and state (*a*) whether erobic or anerobic, (*b*) saprophytic or parasitic, (*c*) facultativ, strict or obligatory, (*d*) the manner of its action, (*e*) where found in body and how eliminated.
3. Compare the pathological histology of tuberculous and traumatic peritonitis.
4. Describe the pathologic process, characteristic of primary, so-called, hepatic cirrhosis, and explain why the area involved determines the different types.
5. Name one type of neoplasm developing in a structure evolved from each layer of the blastoderm, and describe their histological characteristics.

Chemistry.

1. Describe the chlorids found in the urin, state their significance and give tests for their detection.
2. State the significance of urobilin and urerythrin, and give tests for their detection.
3. How would you distinguish chemically between uric acid and urea?
4. Write the chemical reaction that occurs when bicar-

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bonate of sodium is administered for hyperacidity of the gastric juice.
5. Describe the tests for bile, blood and albumin in the urin.

MATERIA MEDICA.

1. Give the dose of each of the following exprest in the metric system: pilocarpin, hyoscin, sulfate of soda and tincture of belladonna.
2. Give the principal antidote in poisoning by each of the following: cocain, tartar emetic, corrosiv sublimate, carbolic acid and stramonium.
3. Correct the following prescription:

℞ Jan. 7, 1902.
Powdered charcoal ..... grs. 60
Pulv. Jalapi ..... grs. 4
Ext. hyoscyamus .....
Pepsini, of each .....gros. 30
Mix. ft, in pills No. 30 et.
Sig. One or two after meals. J. J. J.

4. Give the smallest poisonous dose (in an adult) of phenacetin, santonin, elaterium, fluid extract of aconite root and carbolic acid.
5. Give the symptoms and treatment in a case of chronic arsenical poisoning.

THERAPEUTICS.

1. State the condition of the venous system, and the arterial system that indicates the use of digitalis, and what effect this drug has on the arterioles.
2. Name the two most activ vasomotor stimulants, the two most activ respiratory stimulants, and indicate how they are useful in shock.
3. Explain how saline cathartics are beneficial in septic peritonitis, and why hypodermoclysis of normal salt solution is indicated in same affection.
4. Give the physiological action of ergot, and name the conditions that indicate its use in labor, and the contra indications.
5. In chronic lead poisoning, what remedies are indicated, and how are they beneficial?

DIAGNOSIS.

1. Differentiate diphtheria and follicular tonsillitis.
2. Differentiate cataract and chronic glaucoma.
3. Differentiate mastoiditis and cerebral meningitis.
4. Diagnosticate spleno-medullary leukæmia.
5. Differentiate acute lobar pneumonia and acute bronchitis.

PRACTISE.

1. Define hepatic colic, giving symptoms and treatment.
2. Give the etiology, name the structures involved, and describe the clinical history, physical signs and treatment of so-called broncho pneumonia.
3. Give the etiology, name the structures involved, and describe the clinical history, urinalysis and treatment of any one type of chronic nephritis.
4. Define multiple neuritis, and give the clinical history, prognosis and treatment.
5. State the period of incubation of scarlet fever and rubeola, describe the character of the rash in each, and state when and where it first appears.

SURGERY.

1. Describe a bloodless method of amputation at the hip-joint.
2. Describe the symptoms and treatment of traumatic perforation of the intestin.
3. Describe complete indirect inguinal hernia, the symptoms of incarceration, methods of reduction, and operation if strangulation obtains.
4. Describe tracheotomy for a foreign body, and state what is to be done if it cannot be found.
5. Describe the surgical treatment for retention of urin.
6. Give symptoms of acute intestinal obstruction and describe procedure, if the celiotomy discovers the cause to be Meckel's diverticulum.
7. Give the symptoms accompanying the unconsciousness of cranial trauma that demand prompt operativ treatment, and describe the procedure.
8. Describe amputation of the second phalanx of the fore-finger in the continuity of the bone.
9. Define compound fracture and detail the treatment for that of any one bone.
10. Describe the operation for ligation of the subclavian artery.

OBSTETRICS.

1. Name the position of one form of cephalic presentation, and describe the mechanism of the involved labor.
2. Describe the management of labor, with an arm protruding.
3. Describe puerperal convulsions; give the probable causes, and outline a treatment?
4. Give the indications for the use of the forceps, state how applied, and the precautions to be taken before and during their use.
5. Give symptoms, diagnosis and treatment of placenta previa.
6. What are the dangers of precipitate labor? Give its treatment and prognosis.
7. What are the indications for the employment of an anesthetic during labor?
8. Describe the operation for complete laceration of the perineum occurring during labor.
9. State what precautions should be taken with the newborn child, and why.
10. State the significance of the albuminuria of pregnancy, and outline its treatment.

HYGIENE.

1. Why and how is carbon dioxid deleterious to health?
2. What do you regard as the best method of heating a dwelling, and why?
3. Describe the best method for disposing of the dead.
4. Describe a properly ventilated bed-room, giving the relativ proportion of floor-space to window-space.
5. Give the hygienic advantages respectivly of cotton, linen, woolen and silk underwear.

Minnesota Examination Questions for June, 1902.

ANATOMY.

Adele S. Hutchinson, M.D., Examiner.

1. Describe the inferior maxillary bone.
2. Name the bones which form the foot, and give the articulation of each.
3. Describe the biceps muscle, giving its origin and insertion.
4. Give the anatomical relations of the femoral artery at its origin, and name the branches given off as it descends the thigh.
5. Name the great veins which have no valves.
6. Give the principal points to which the spinal accessory nerve is distributed.
7. Name the sympathetic nerve plexuses below the diaphragm.
8. Describe the kidney.
9. Describe and give the anatomical relations of the pons varolii.
10. Give location and describe the fissure of Rolando.

PHYSIOLOGY.

A. G. Stoddard, M.D., Examiner, Fairfax, Minn.

1. What is meant by the term inhibition? Describe its mechanism.
2. How is the portal vein formed? Give its functions.
3. Give physiology of milk secretion, describing the mammary gland.
4. Give rough diagram of a cerebral hemisphere, locating the various tracts contained therein.
5. How, and from what source does bile reach the gall-bladder.
6. Locate and describe the parotid gland, giving its function.
7. Name the digestiv ferments encountered in the alimentary tract.
8. Give sources from which any three of them are derived, and the class of foods acted upon by each of these.
9. Give normal constituents of unshed blood, and give particularly the physical properties of white corpuscles.
10. Trace the course of a particle of blood thru the heart and lungs, beginning at right auricle.

Improper spelling of common English words will not be tolerated.

MATERIA MEDICA AND THERAPEUTICS.

Dr. L. A. Fritsche, New Ulm, Minn.

1. Name the preparations made from crude drugs.
2. Mention the remedial measures other than drugs.
3. Give the modes of administering drugs.
4. Write a prescription to illustrate the component parts of the same.
5. Give the rule governing the dosage of drugs according to age.
6. Give the physiological action of veratrum viride.
7. Give the physiological action of digitalis.
8. Give the physiological action of physostigma.
9. Give the therapeutics of the bromids.
10. Give average dose of tinct. opii camph., tinct. opii, sulfate of morphia, hyoscyamin, nitro-glycerin, spts. etheris nitrosi, hydrate of chloral, sulfonal, spts. etheris comp., and jalap.

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Homeopathic Materia Medica.

Thos. Lowe, M.D., Examiner, Slayton, Minn.

1. What is the principal sphere of action of chionanthus?
2. What are the principal indications for glonoin?
3. Name and give indications for two prominent remedies in follicular tonsilitis.
4. Name and give indications for two prominent remedies in neurasthenia.
5. Give principal symptoms indicating ignatia in affections of the mind and nervous system.
6. Give principal symptoms indicating sepia in affections of the female genital system.
7. Give four of what you consider the most prominent indications for spigelia.
8. Give indications for phosphorus in diseases of the respiratory system.
9. Name two diseases in which arsenicum alb. is useful and give symptoms for its use.
10. Give the principal indications for colocynth.

Practise.

Thos. Lowe, M.D., Examiner, Slayton, Minn.

1. How would you manage and treat a case of, "barber's itch?"
2. Give fully your treatment and management of a case of erysipelas.
3. Describe fully a typical case of Bell's palsy.
4. How would you manage and treat a case of exophthalmic goiter?
5. Describe fully a typical case of diabetes mellitus.
6. Differentiate fully mitral and aortic regurgitation.
7. Give symptoms of acute intestinal obstruction.
8. How would you manage and treat a case of delirium tremens?
9. Define lithemia and give symptoms of same.
10. Give symptoms fully of cirrhosis of the liver.

Surgery.

C. J. Ringnell, M.D., Examiner.

1. Under what conditions is the administration of chloroform dangerous?
2. Give the treatment of foreign bodies in the esophagus.
3. Describe paracentesis capitis; paracentesis thoracis.
4. Describe amputation in contiguity; in continuity.
5. Show by sketch or description the mechanism of displacement in fracture of the surgical neck of the humerus.
6. Describe the surgical treatment of tubercular peritonitis.
7. Give the classification of strictures of the male urethra; the treatment.
8. Name the varieties of dislocation of the hip, and give the approximate percentage of each.
9. Describe ligation of the femoral artery in Hunter's canal.
10. Describe and treat a case of talipes varus.

Obstetrics.

W. Davis.

1. Describe the structure of the umbilical cord.
2. What are the positive signs of pregnancy and when may each sign be detected.
3. Give the symptoms of extrauterin pregnancy (*a*) before rupture; (*b*) after rupture.
4. What is the proper use of anesthetics in normal labor?
5. Name the three best measures for the control of post partum hemorrhage.
6. What is the shortest antero-posterior diameter at the brim that admits of the use of the forceps?
7. What is the proper management of a prolapsed cord?
8. Describe in detail the catheterization of the lying-in woman.
9. What are the common forms of puerperal insanity, and what is their prognosis?
10. Write a formula for giving cow's milk to a child during its first week of life.

Diseases of Women.

A. F. Groves, M.D., Brainerd, Minn.

1. Define and differentiate menorrhagia and metrorrhagia. Give etiology, prognosis and treatment.
2. Subinvolution of uterus, causes, prognosis and treatment.
3. Acute ovaritis, causes, prognosis and treatment, and differentiate from pelvic peritonitis and cellulitis.
4. Write on the treatment of gonorrhea in the female and give dangers of.
5. Describe an abdominal hysterectomy.

Diseases of Children.

A. F. Groves, M.D., Brainerd, Minn.

1. Infantile convulsions, common causes, prognosis, treatment.
2. Complications and sequelae of pertussis with prognosis and treatment of each.
3. Give four most common forms of stomatitis, with causes, prognosis and treatment of each.
4. Describe infantil entero-colitis, giving etiology, symptomatology, prognosis and treatment.
5. Describe intussusception in a child of less than two years of age, giving causes, prognosis and treatment.

Eye and Ear.

A. B. Cole, M.D., Fergus Falls.

1. Give treatment for trachoma.
2. Differentiate between glaucoma and iritis.
3. Describe and give treatment for dacryo cystitis catarrhalis.
4. Give etiology and symptoms of mastoiditis.
5. Give treatment of acute otitis media.

Chemistry, Urinalysis and Toxicology.

A. B. Cole, M.D., Fergus Falls.

1. Give Marsh's test for arsenic.
2. Give a test for the detection of morphin.
3. Name the salts found in the urin.
4. Give some of the properties of arsenic.
5. Given a suspicious powder, how would you test it for strychnin?

Medical Jurisprudence.

Charles M. Cannon.

1. What are the signs of death?
2. If a dead body is found floating in the water, on what conditions would you base the conclusion that death was due to drowning?
3. Given a case of fracture, resulting in deformity, under what conditions would the surgeon be exempt from liability?
4. If a dead body is found, what is the duty of the physician summoned?
5. When is a physician justified in divulging a professional secret?

Histology and Pathology.

Charles M. Cannon.

1. What are the conditions present in leukemia?
2. Tell the pathological condition in pericarditis.
3. In interstitial nephritis, what changes would you find in a section of the cortex?
4. Name the degenerativ changes to which arteries are subject.
5. What is hypertrophy?
6. What is the sarcolemma?
7. What is the micro-organism of diphtheria?
8. What coats comprise the walls of the esophagus?
9. What two kinds of gastric glands are found?
10. Where are ciliated columnar cells found?

Recent Books.

"Feminology." By Florence Dressler, M.D., Professor of Gynecology in the College of Medicin and Surgery, Chicago; Lecturer on Diseases of Women and Children in the Queen Victoria Memorial Hospital and College of Nurses, Chicago. Price not given.

This is a large, handsome book of 702 pages, rather freely illustrated. It is intended for the laity. It is exalted in tone, and at the same time plain and practical. It teaches a high morality in health matters—the highest morality leads to health. As a "ladies' book" it ranks among the best we have seen. It considers the wife from the marriage altar, thru child-bearing and child-rearing, to the menopause. Its teachings are eminently sensible except in one thing: In quite a thoro examination of this book, we have been unable to find a single place where the physician is even mentioned. It is all right for a book of this kind to give to the laity good counsel on exercise, diet, and hygienics in general; but when a chapter of fifty-five pages is given on the diseases of children, including scarlet fever, diphtheria and smallpox, giving formulas and directions for management and

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treatment, including colored plates to aid in the diagnosis, without ever once advising that a physician be sent for, it is impossible for us to commend such a book. It is dangerous for the laity to thus be led to disregard the timely aid of skillful physicians in such serious diseases. Treatment of self and family, even among physicians, is not good policy; then how much more to be condemned is the same thing among the laity! No book that encourages such a dangerous course can meet favor among physicians. It is strange that an M.D., and a professor in a medical college, should seek to lead the laity into such a dangerous practise. Except for the feature just mentioned, physicians could well advise their female patients, particularly those in the child bearing and -rearing stage of life, to get this book and use it as an aid to the physician; but the above mentioned feature would tempt the patient to try to treat herself and family without the aid of the physician, thus leading to many disasters, and possibly death in many instances. Thus the book would do much more harm than it could possibly do good. A revision, eliminating this feature, and counseling the laity to call the physician early when real illness comes to the family, would make this a valuable book.

Contributions to Practical Medicin. By James Sawyer, Sir Knight. Third edition, revised and enlarged. Publisht by Cornish Brothers, Birmingham, England, 1902. Price not stated.

This little work of 209 pages contains the marrow of many years' experience. It is bound in red cloth with raw edges. It is now in its third edition since 1886. It is verbose at times, yet sticks close to the point at issue. It has nineteen chapters. Those who wish a complete library and have the funds to supply it will enjoy the book as much for its ripe judgment as for its old style language. It is yet a valuable work from which we might all learn much.—A. L. R.

Progressiv Medicin, Vol. iv, 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 400 pages, 13 illustrations. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers and Co., Philadelphia and New York.

Under Diseases of the Digestiv Tract and Allied Organs, Dr. Einhorn covers with great thoroness the treatment of pathological conditions of the esophagus, stomach, liver, pancreas and peritoneum. Among the important subjects considered are pancreatic disease, the importance of which has lately been brought so prominently before the professional mind; diseases of the liver, the surgical treatment of which has proved so efficacious; and the ever-recurring topic of appendicitis. In Dr. Belfield's section on Genito-Urinary Diseases the subject of general infection by the gonococcus is fully discust, and tuberculosis of the genito-urinary tract receives the attention which its importance demands. Dr. Bloodgood's article opens with an especially full and important discussion of all the methods of producing anesthesia, both general and local; their relativ value as regards efficiency and safety. In connection with this he gives a description of the technique of lumbar puncture, its diagnostic and therapeutic importance and its use in spinal anesthetization. The section on Hygiene by Dr. Baker is notable because of the universal interest excited by the discussion aroused by Dr. Koch's statement that bovine tuberculosis is not dangerous to man, and the recent researches as regards the transmission of yellow fever. The Practical Therapeutic Referendum by Dr. E. Quin Thornton, altho placed last in the book, possesses the greatest general interest and value to all practising physicians.—A. L. R.

Progressiv Medicin, Vol. i, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 452 pages, 5 illustrations. Per volume, $2.50, by express prepaid to any address. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

In Vol. I for 1902 the surgery of the head, neck and chest is considered by C. H. Frazier. There is no physician who can afford to overlook the immense value of the knowledge that a wound of the heart may be operated upon with as little hesitation as a wound of the brain, and that in pericarditis with effusion, tapping the heart is entirely practicable. The other sections are kept up to the standard establisht in former volumes.—A. L. R.

Consumption, or Pulmonary Tuberculosis. How to stay its ravages; how to prevent it; how to cure it; how to eradicate it from civilization, in language that the masses can understand. By John McCoy, M.D. For sale by the author at 231 N. Broadway, Los Angeles, California.

This pamphlet of 83 pages embodies the author's ideas of treatment of this disease, and many suggestions from other authorities. It is well worth the persual by any physician; and while we cannot commend a book of this sort as a guide in practise, it is not to be condemned for that reason; the laity need instruction, and it is plainly given here.—A. L. R.

Our Monthly Talk.

In various parts of the country there are earnest and selfsacrificing patriots working hard for the Initiativ and Referendum. This is the thing that saved Switzerland from the curse of politicians, and it is the thing that will force our politicians to "seek pastures new." It is applicable particularly in local government, but it can finally be applied in National government with success, as in Switzerland. Mr. J. W. Wells, of 1108 Unity Building, Chicago, is the State Organizer of the Illinois Referendum League. In the National New Era he says:

> It is remarkable the amount of ignorance that prevails upon this subject. About a month since I askt a professor and one of the faculty of a college in this city to sign our petition, asking our legislators to give us an initiativ and referendum law. He said, "Please explain this to me, for, strange as it may seem to you, I never heard of the initiativ and referendum before."
>
> A prominent lawyer of Springfield, Ill., told me he was opposed to the initiativ and referendum because it would keep the people busy making laws. He was surprised to find that there are two kinds of direct legislation: the *optional* and the *obligatory*.
>
> When I explained to him that we were seeking only to secure the optional initiativ and referendum —the power to veto bad laws, and the power to initiate good laws that our legislators might fail to give us (and there would be few sins of omission if

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the lobby was not there to defeat the will of the people), his opposition was gone.

When I stated that in twenty-four years from 1874 to 1898 only 208 federal laws were passed in Switzerland, and that the people had only petitioned to have twenty-six of these referred to them for their approval or disapproval, he was silent and opened his eyes.

The editor-in chief of one of our oldest and largest dailies in Chicago did not know on June 28 (when I met him) that on June 3 Oregon made the initiativ and referendum a part of the organic law of the state by a vote of 62,024 to 5,667.

The Associated Press makes no effort to furnish such information to the people. Hence the necessity for a campaign of education.

Whatever may be said in favor of educating the people thru a party, it must be confest that it is not the *best way*.

As a proof of th s, we are now handicapt in Illinois by the political move of the Democratic party in endorsing (in a qualified way) the initiativ and referendum in their platform. The Republicans gave us the law we are working under, but not having declared for it in their platform they are forced to oppose it in a negativ way, simply because the Democrats endorsed it.

He who works for the success of his party is a partisan. We have plenty of partisans. He who works for better *methods* of government is a patriot. The success of a party is only temporary. An improvement in *methods* of government is permanent. The blessings of such change will be enjoyed by the generation making the change, *and by all succeeding* generations. It was formerly necessary to *fight* for any change in method. Our revolutionary patriots had to fight for the change in method of government, the blessings of which we now enjoy. But our methods are not perfect yet. The Initiativ and Referendum (called, collectivly, Direct Legislation) will greatly improve our methods of self government. We do not need to *fight* for it, but we will never get it if somebody doesn't *work* for it. Fortunately we have some patriots, even in these dollar chasing days. The organization above referred to is made up of a group of such patriotic workers. If you want to "join in," send them a contribution to aid them. At any rate, write them for literature, inclosing a stamp (or several of them) for postage.

Mr. Geo. H. Shibley, of Washington, D. C. (Bliss Building), is devoting all his time and talents, and all his private income, to the same principle, which he calls Majority Rule. Write to him, also, for literature—and don't forget stamps, or a little contribution to help the work along, for you don't want Mr. Shibley to monopolize all the patriotism. Try to be *a little* like he is, for he is one of the most devoted and self-sacrificing patriots in this country.

The states in which the Referendum work is going on most activly now are Illinois (see above), Mass. (see June "Talk," page 262), and Mo. Of course you know that Oregon recently passed a Referendum amendment, and one will be voted on in Washington at the next state election. Some good work has been done in Michigan also. Here in Pennsylvania we have tried to get a bill thru the legislature, but you know how boss ridden Pennsylvania is. I fear that it will be the last state to adopt so politician-killing a measure as Direct Legislation. We have, you know, the Liberty Bell; and Liberty Hall, in which the Declaration of Independence was signed. But in this hall independence sleeps, a memory of a former (and a manlier) generation.

Before leaving this subject, let me suggest that you send 10 cents for a copy (or 25 cents for a yearly subscription) to the Direct Legislation Record, Newark, N. J. My word for it that you will not be disappointed. Also send 25 cents to Mr. Eltweed Pomeroy, 10 N. 17th Street, East Orange, N. J., for his illustrated book. I will refund your money if you are not satisfied. And last, let me suggest that you send 25 cents for a book which we publish, called "Direct Legislation." If you are not more than pleased with your investment, return the book. Now, no WORLD reader, if he has a particle of enterprise, industry or patriotism in his make-up, can hereafter plead ignorance on this subject.

We have had too much personal politics and party politics. We should devote ourselves to principles and measures, and not to men and parties. This would take the rancor out of political discussions, and give a chance for thought and reason to prevail. Direct Legislation (the Referendum and the Initiativ) would replace men by measures; and parties by principles. Let us work for this, and then parties and political idols can "go way back and sit down" while the people progress in government as fast as they are capable.

Some time in the future, when we get bright enuf, when "we the people" learn our rights and our power, when we learn how to veto bad legislation (the Referendum), and initiate the laws that we want (the Initativ), we will take the tariff off trust made articles ourselves, if the politicians won't do it; we will establish reciprocity with Cuba ourselves, if the politicians won't do it; we will, ourselves, veto a ship subsidy bill if the politicians, as agents of the "interests," insist on passing one; we will then have Po tal Savings Banks if we want them; we will force the railroads to carry mail matter for Uncle Sam as cheaply as they carry express matter for the express companies; we will have a Package Post as good as that of England or Germany (why shouldn't we?). We will—well, when will we learn how to do it? When medical men learn that they should be citizens as well as doctors; when "business men" get an idea above and beyond customer and profit; when the socalled "intelligent classes" become intelligent enuf to give up party fetiches and give say twenty or thirty minutes per day to the study of the principles of government—then we can expect some progress.

* * * * * *

The Referendum League of Illinois, to which I referred above, want me to attend their State Conference at Springfield, Sept. 3d, 4th and 5th, and make a speech. I don't make speeches, and I haven't time to attend their conference, which, however, I would like to do. But I will do better: I will here copy a part of their letter of invitation, which is itself, as you will see, good patriotic literature. In this way this will reach about 30,000 doctors—a far greater number than my voice could reach. (Incidentally, I will here state that it is necessary to increase our issue by 2,000 copies, beginning with this number, making a total of almost 30,000 copies, to meet the ever growing demand for what the favor of our friends

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seems to have determined to be "the popular medical magazine of America.") Here is a part of the letter referred to:

"Our League is absolutely non-partisan, embracing within its membership every phase of political and economic belief, but all in accord on the proposition, that the people of our State and Nation are entitled to such control of legislation as will insure their representatives being representative in fact as well as in name.

"Feeling as we do that our country and its institutions are forever freed from danger of foreign invasion or dominion, and believing that the wealthier and stronger we become as a nation, and therefore more formidable to external foes, that our very wealth and strength sows the seed of corruption within, that inevitably leads to decay and dissolution. Fearing nothing from without, it behooves us to safeguard ourselves within, and this can only be done by placing in the whole people latent control of legisla ion, giving us the government Jefferson advised and Lincoln prayed for in his appeal, 'that a government of the people, by the people and for the people should not perish from the earth.'

"Convinced as we are that Direct Legislation (the Initiativ and Referendum) is the surest safeguard against error or corruption by the representatives of the people, and believing that the patriotic and intelligent men of our Nation will accord their support to this non-partisan method of obtaining the reform, the Board of Trustees of the League directs me to invite you to address the Conference on the subject on one of the days set for it."

In this connection the following newspaper clipping, from an account of the Michigan Democratic Convention will be of interest:

The resolutions declare that the destruction of boss rule is the supreme issue. The adoption of the system known as the initiativ and referendum is demanded. Another plank favors municipal ownership of public utilities.

I learn that the North Dakota Democratic Convention also put a Direct Legislation plank into their platform. What are our Republican brethren doing in this direction? Don't let it become one-sided, or partisan. This is a good enuf thing for all to join in. They used to say that this was "Populistic." Let it also become Republican and Democratic.

Information that has recently reacht me shows that Missouri is doing herself proud in the direction of "government by the people." The following is a plank of the platform recently adopted by the Democratic convention in that state:

We hold that franchises to municipal public service corporations should not be granted without a direct vote of the people, and we favor direct legislation wherever practicable.

The following resolution was also adopted:

Resolved, That the Democratic party of Missouri, in convention assembled, does hereby pledge its candidates for office to use their votes and influence and to adopt all proper means to secure the submission to the people of this state by the next general assembly of a constitutional amendment providing for the application of the principle of direct legislation thru the initiativ and referendum.

Now what will the Republicans do? Mr. Shibley, chairman of the Non-Partisan Federation for Majority Rule, says that this would surely elect the Democratic candidates in Missouri were it not that the Republican candidates are likely to come out equally strong in written pledges.

Chairman Shibley is conducting a plan by which every congressional and legislativ candidate, inevery state, will be askt to answer certain questions in writing, and the candidates who thus commit themselves satisfactorily concerning Majority Rule will be preferred when the time for voting comes, regardless of party. You can help in this movement in your own congressional and legislativ district. Write to the Non-Partisan Majority Rule Federation, Bliss Building, Washington, D. C., for a set of the questions and further particulars.

* * * * * *

Rev. J. C. Hogan was deprived of his church because he was too earnest and persistent in preaching the *gospel of good government*. His present address is 3620 Cedar Ave., Baltimore, Md. Send for a copy of his "Present Day Problems," and after you read it you will probably send him 50 cents for 100 copies to distribute in your vicinity. Of course it is always courteous to inclose a stamp when you ask a favor (I regret to say that there are still some doctors who are "too busy" to think of this little courtesy), but in this instance a postal card will do, if you mention this notice, and I will settle the postage bill in a lump if Mr. Hogan will send it to me.

* * * * * *

Send *one cent* for one copy, or five cents for five weeks, or ten cents for ten weeks, of the National New Era, of Springfield, O., which has changed its form recently, and now is a very attractiv magazine. You will be surprised and pleased at what Editor Thompson is doing for the people, and at such a low price.

The quiet, clean city of Philadelphia is getting to be almost as smoky as Chicago; and they say that the engins on the elevated roads in New York are puffing black smoke into the windows of miles of residences and business offices. And why? Because a few anthracite coal barons have said that "there is nothing to arbitrate!" Omitting, for a moment, all question of justice to labor, what is more stupidly patient, or patiently stupid, than the American public? The public has rights that the barons absolutely ignore, but the public patiently suffers, apparently not knowing its rights or its power. In this connection, I clip this from the Practical Printer:

COMPULSORY ARBITRATION.

Referring to the fact that simple arbitration had been twice tendered to the coal barons in the great anthracite strike and refused, Mr. J. J. Dirks, of St. Louis, in a communication to the Globe-Democrat closes his remarks by saying:

"All manner of disputes are settled in the courts except those of labor and capital. It is as much the duty of the government to provide an effectual means of settling industrial disputes as those affecting any civil or criminal cause. The government has been derelict of its duty in this respect so long that labor hesitates to accept arbitration as heartily as if confidence were supreme. This, however, does not absolve the government from doing its full duty. Compulsory arbitration, meted out by judges of unquestioned fairness, settles all other disputes. Why not those of capital and labor?"

How long will the American public be as dumb and patient as the ox under the lash and goad? Henry D. Lloyd's little book, "A Country Without Strikes,"* tells how compulsory arbitration put an end to strikes and their consequences in New Zealand. Cannot we do as well for ourselves as the New Zealanders have done for themselves?

* Publisht by Doubleday, Page & Co., New York.

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or drives like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary.*

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

The Physician Before the Coroner.

In but few instances is a coroner a practising or a graduate physician. The circumstances of an inquest are peculiar. The gaping laity want to see the doctor tripped up, and a few questions generally prove (?) to them that the coroner feels he has the practician in his power, and is only sparing him thru merciful condescension. If the doctor betray any nervousness, on rapid and foolish questioning, his fate is sealed so far as the mob's opinion of him goes. The coroner is generally totally ignorant of medicin, and has gleaned his shrewdness from the mistakes of the many physicians with whom he has come in contact. He is generally a "politician" with no more idea of actual detectiv work than he has of anatomy; but he is generally anxious to convince the audience that he is proficient in both, and that he has discovered grave deficiencies in the ability of the doctor.

A common question from coroners is, "Well, now, doctor, what killed this man?" One of the best teachers we have ever known upon this subject always taught his students to answer: "I do not know; that is for your jury to decide." Generally this provokes an attack, or an array of threats for court subpena; but if the doctor remain firm, no further trouble will be experienced. If the coroner be bluffing, he will subside; and if he be ignorant, he will do nothing till he has the advice of his attorney. The facts of the

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case are, that the doctor is called to ascertain the lesions which exist, and not to decide what caused death. The most painstaking autopsy frequently fails to reveal to the examining surgeon any lesion which could have been the certain cause of death.

A man was found warm, probably dead ten minutes, having a bullet wound thru the heart, a dislocated cervical vertebra, and a ruptured coronary artery. Now, "What killed him?" Was he shot, and broke his neck in the fall? Did his coronary artery give way and kill him, and his neck then broken in the fall? Was he thrown so as to break his neck, and then shot afterwards—perhaps by another party?

We hope no WORLD reader will ever recognize one ignorant of anatomy and law as his superior in either. Any doctor may be called at any time to perform a post-mortem examination; then there is no time for preparation. Attend to it now. There are a number of excellent little manuals on this subject; we will quote from one soon. Watch our reviewing columns, and meanwhile uphold the dignity of yourself and your profession. These remarks apply, of course, only to those states in which the coroner's jury system is extant.

Development of the Bust.

If woman's "crowning glory" be her hair, it is certain that a well-developt bust is a more attractiv feature to most people. Many women go thru life with scrawny figures which are a source of constant mortification to them, when a little advice and proper exercise would modify matters materially. The quack advertisements in the yellowest of lay papers are matched by the better worded advertisements in the highest class of ladies' magazines in bidding for the money of the credulous. The proof is evident that there is a demand for some method of developing the figure, and the family physician should know what advice to give; in fact he should frequently have the tact to give advice unaskt. The average physician would ridicule a lady patient who askt such advice, when he should encourage and aid. Of course one must ridicule any drug which has the merit (?) of "developing the bust four to six inches in a few days," but we can instruct our patients in the use of inunctions, massage, bathing, and breathing so as to obtain for them appreciable results. The following extract is taken from Ostrom's Massage and Swedish Movements now in its fifth edition and just off the press, publisht by P. Blakiston's Son & Co.: "Massage and exercise are the only means by which the bust may be properly developt. The patient should be taught how to breathe properly, and for the quick development of the mammary glands, use in massage the following preparation:

Cocoa butter Lanolin Extract saw palmetto	of each ....2 ounces
Oil cajuput	.....1 ounce
Oil sassafras	.....½ ounce

This preparation has not a fine odor, but produces a pleasant sensation in the skin. It is a valuable compound wherever we wish to develop a part, but it should not be used on the face."

A few deep breaths taken on rising each morning will work wonders in the course of a few months. The growing girl should be taught to stand and walk with the abdomen drawn back, the chest thrown well forward, shoulders well thrown back and on a line with the hips. Bathing with alcohol or cold water on rising or retiring is not only grateful, but beneficial. If your flat chested girl patients do not speak to you on such matters, it is your duty to speak to them (probably thru their mothers), thus not only earning their gratitude, but benefiting their health.

The Authorities on Antitoxin for Diphtheria.

We have been askt many times for a resume on the subject of antitoxin for diphtheria. Few, indeed, have the temerity to dispute its value, and those who have used it most are its warmest advocates. The following quotations give a fair indication of the opinions of the foremost authorities in the world. But there is no reason why you need abandon any tried and proven local or constitutional treatment in conjunction with the use of the antitoxin:

Hare, Practical Therapeutics, publisht by Lea Brothers & Co., Philadelphia and New York, just off the press, says: "It being universally admitted that the bacillus of diphtheria, by its local growth, produces toxins which when carried in the blood or lymphatics destroy the functional and organic life of the vital tissues, it is at once evident that in the body of the patient there must be two processes looking toward its

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own protection. The first is the effort at elimination on the part of the emunctories; the second is a hypothetical process, namely, that the tissues and liquids of the body contain, or at once manufacture, an antitoxin, the effects of which are directly antagonistic to the toxin of the disease. If the tissues can form enuf antitoxin to protect the organism, the patient recovers; if they fail either because they are feeble or because the dose of the toxin is overwhelming, the patient dies. The antitoxin treatment supplants all others in efficiency and usefulness, and should displace all other plans of treatment, except the local applications, when antitoxin can be had. Of all the extraordinary advances made in pathology and therapeutics, the introduction and proof of the value of antitoxin in cases of diphtheria is perhaps most worthy of note."

Diseases of Children, Taylor & Wells, publisht in its second edition by P. Blakiston's Son & Co., Philadelphia, says: "The effect of antitoxin on the diphtheritic membrane is most markt, limiting its continuance oftentimes to twenty-four hours, forming a separation in from forty-eight to seventy-two hours, when the red line surrounding the membrane is once clearly seen, and over which Rosenthal asserts the membrane never spreads. The importance of inaugurating serum treatment early, recognized from the first, has grown more emphatic by accumulating evidence. A thoro reliable serum administered at almost any period of the disease will lessen the average mortality. To be adequate, a curativ dose of antitoxic serum must contain enuf immunizing units to neutralize perfectly the specific toxins present in the system. When this is done, the system is rendered immune to any further development of the Klebs Loeffler bacillus, and the disease is arrested. The fear once attending the administration of immunizing doses to any but the most robust children has been found groundless."

The Standard Medical Manual, Burdick, publisht by G. P. Engelhard & Co., Chicago, Ill., says: "Of first importance in consideration is the use of antitoxin. The record of thousands of lives saved annually and the testimony of a great number of physicians are incontrovertible proofs of its efficacy. It is not only certain in antagonizing the toxins, but safe and harmless in its action."

Practise of Medicin, Tyson, publisht by P. Blakiston's Son & Co., Philadelphia, Pa., says: "Antitoxin should be administered *at once* if there is a reasonable probability of the presence of diphtheria, without waiting for the bacteriological diagnosis. Antitoxin does no harm in a disease not diphtheria, and delay in a true case may be fatal. Behring and others declare that antitoxin has no injurious effect upon animals in the largest dose in which it has been employed, and that, aside from its antitoxic powers, its properties are entirely negativ as far as human beings are concerned."

We could fill a whole issue of THE WORLD with similar favorable comment by eminent authors.

The Curability of Venereal Diseases.

It is strange that this is still a mooted point. It has been decided (?) pro and con many times in the history of centuries, and yet such diseases, familiar to the profession and more common than any other, furnish frequent problems which we all dread. The young practician can recall when he was taught that mercurial inunctions would abolish syphilis; other recent graduates remember that the most approved and successful (?) method of treatment was by injections of mercurial preparations. Iodid of potash and mercury have alone held the palm thru all the changing plans and theories. So much for syphilis. Are we much better off with treatment of gonorrhea? A few years ago none doubted the efficiency of complete cure with proper remedies of both gonorrhea and syphilis; now many openly question the probability of cure in any case of either disease. If there be a germ producing syphilis, it is yet to be found. We have studied the gonococci well, but his acquaintance medically is hard to attain. Prominent men of all schools have brought forward "certain cures" for both diseases, and the profession has waited and hoped. Has any WORLD reader an absolute and permanent cure for gonorrhea, or for syphilis? If so, come out of the corner and speak. Authorities disagree disastrously; but THE WORLD wants the knowledge of the men who "have been up to it in the woods." The hospital cases are vastly different from those the practician has to deal with—and this is not a hospital journal. We would like brief and plain statements of treatment and results in syphilis and gonorrhea. We assume that all handle chancroids to their and the patient's satisfaction. We would like reports from the old men who have watcht cases they have treated 20 years and more ago. Give us facts in few words.

Gottheil concludes as follows: 1. Syphilis is a curable disease, and may even, with restrictions, be called a self-limited one. 2. While the cure of a given case can never be affirmed with scientific accuracy, the chances of it being the fact after a certain time under proper treatment are so great that it may properly be claimed to have been effected. 3. Practically, a patient who has been properly treated thru the activ stages of this disease, and who has had no manifestations of it for several years thereafter, may be regarded as cured, and may be told so.

The seemingly certain assurances of this

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authority are maskt, and his own doubt is evident on careful reading. Other authors of equal ability declare openly that neither gonorrhea nor syphils is ever cured. "The Chair" believes that both may be cured, or that at least they may be rendered innocuous, if proper treatment be instituted and continued for a sufficient length of time. We await the consensus of opinion of WORLD readers.

The Importance of a Complete Examination of the Urin.

A few years ago the graduate in medicin had but little knowledge of the methods of examining urin, and consequently either neglected to do so or employed slipshod methods on which he might as well have spared his time. Later knowledge of the importance of the subject led all the better class of medical schools to insist upon a thoro study of the technic of urinary examination; yet it is astonishing how many physicians utterly ignore this method of diagnosis. Some are ignorant, but the majority are not equipt and are careless.

The ease of making an accurate diagnosis of diabetes mellitus or of chronic nephritis is alluring, but had such investigations been instituted a year or few months previously, the life of the patient might have been saved. Dead men are not good prospectiv patients; and there is also duty's call. Undoubtedly beginning catarrhal and irritativ changes in the kidneys may be cured, which, if untreated, would lead directly to grave or fatal disorders. No physician is excusable if he fails to properly examin the urin of every patient who has more than the most minor complaint. In nephritis, the quantity of urin passed in twenty-four hours, the specific gravity, the actual amount of albumin from day to day, the reaction from time to time, the nature and amount of mucus and solids, etc., are absolutely essential to be known before any physician can use medication or give advice in an intelligent and scientific manner. Diphtheria, scarlet fever, diabetes, hepatic trouble, vesical affections, and a host of other affections demand fully as much care. The average physician who examins (?) urin is equipt with a lamp, a specific gravity meter, some unreliable litmus paper, some questionable Fehling's solution, nitric acid, and a few dirty test tubes. Not even an expert could make an examination which would yield practical information with an outfit such as that; yet a practical working outfit which will be sufficient may be secured at small cost, and any physician who spends the time may become an expert in analysis of urin with no instruction beyond what he gleans from text-books or medical journals. The text-books are generally behind the times, with the exception of those devoted exclusivly to urinary examination, and of such the general practician is apt to be in want. For these reasons, and because we have been repeatedly requested to do so, we intend publishing a series of articles which will enable any physician to examin urin as well as an expert. The need of this is further imprest upon us by the fact that many "laboratories" are offering to examin urin for physicians, and many druggists are doing a thriving business by such work for profession and laity. Such conditions are a disgrace to the profession. The fee they get is generally $2.00, which should have dropt into the doctor's till. We do not advise making urinary examinations for nothing; explain to the patient that such examination is necessary, and that materials and time cost money; be competent to make the examination properly, and give him a written report, and charge him for it. If he takes it to another physician, the result will accrue finally to your prestige. We will take up (1) equipment, (2) albumin, (3) sugar, (4) the various solids and their diagnostic significance, (5) records of cases. The material is to be from the latest authors, and will be worth the price of many years' subscription to THE WORLD, for its perusal will bring any one right up to date on the latest and most approved methods of urinary diagnosis.

A Final Word Concerning Investments.

DR. C. F. TAYLOR; Dear Doctor:—I was greatly interested in Dr. Heysinger's article on investments in the April WORLD, and fully as much interested in your editorial remarks in the September number. This town is actually poor owing to the amount of money which has gone out from it during the past two years in investments in all manner of mining ventures—thousands of dollars in ten-cent stocks. You are certainly doing a work of mercy in warning the physicians thruout the land concerning the dangers lurking in all manner of "investments." Apropos of your re-

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marks about Joplin, I made an assay of a specimen of zinc ore from a mine in Missouri a few days since, good ore, too; and I presume on the strength of the assay this mine will shortly be "boomed."

GEORGE F. SIMPSON, M.D.

North Adams, Mass.

[While there are some honest men in the mining, or mining stock, business, whose honest enthusiasm leads to unconscious "booming," the great majority of the propositions that reach the physician concerning oil, mining or other speculativ "securities" are transparent frauds—transparent to the initiated. They play on the physician's credulity and lack of experience. They make the claim of giving the "small investor" unusual opportunities for large profits, while if such profits were really probable—if the investment were really solid and profitable—*large* investors could easily be gotten, and thus the expense of reaching a large number of small investors would be avoided. As this subject has been gone over so thoroly in these pages, I wish to make a plea which will perhaps be final, as follows: Do you remember Frank Siddall's expression, "Don't be a clam!" Don't expect that which is unreasonable. Fairy stories are usually fairy stories. Don't put your hard cash down on a fairy story. Keep out of fields unknown to you. When you make a surplus by the practise of your profession, put it where it will be *safe*, that it may be reliably depended upon when misfortune, illness or age comes. Don't endorse your friend's notes, or otherwise become security for the transactions of others. If your community is prosperous now, collect old debts, and also your current accounts as closely as possible, for these assets will be of no value when the next panic comes. Gather them in *now*, and pay off any debts that you owe, own the house you live in without a mortgage, and invest any surplus in first mortgages on first class real estate in your own vicinity, at one-half or not exceeding two-thirds the assessment value. If all physicians would always follow these suggestions, we would always have a prosperous profession.

"When religion marries quackery, quackery is the husband, and *one name has to do duty for both.*"

Never neglect to palpate all hernial avenues in case of suspected intestinal obstruction.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Snow Blindness.—Obstetrics Among the Eskimos.

Editor MEDICAL WORLD:—I am pleased that you have not dropt me from the WORLD family because my subscription has expired. This place is 200 miles from the nearest post office, and it seems almost that far from nowhere; and if dropt from your list it would take some time to get started again. I have sent the notices to my Church Board, and if they do not remit at once, please send fresh notices and we will remit from here. This is a country of nothing for nothing, and very little for $5.00; and then, tho in American territory, we see mostly Canadian money, and a $5.00 bill is the smallest paper money at that. You will kindly pardon the delay, and greatly oblige me by regularly sending the best medical magazine that comes to my desk.

I have often wanted to raise my feeble voice in the WORLD'S chorus; for I must often call THE WORLD in for consultation, and seldom fail when I seek its aid. To write from here would seem like a voice from the tomb, so out of date would it be when you get it. I have thought to write some on Snow Blindness, and on Cold, with some remarks on the prevention and care of each; but what a foreign topic to the season of July when you have heat cases and the like! I would say that I have found no panacea for snow blindness, unless it be to keep out the light. A solution of the sulfate of copper in the strength of 2 per cent, dropt in the eye every six hours, assists much by relieving the local inflammation. The miners claim much benefit from a cold poultice of tea leaves, applied to the eyes for some time, stating that in one night of such an application there is more accomplisht than in several days of

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housing in a darkened room. There seems to be no internal medication for this trouble.

I would add a remark about the lying-in period of the Eskimos. They believe that to give notice of oncoming labor is sure to result in difficult delivery; that the child some times goes up instead of down, and to avoid this they will often tie a girdle around the mother. During the early stages of labor they move around as tho nothing were going to happen; they do not even tell their husbands. When delivery is about to take place, they usually sit on the left thigh with the leg flext; the right leg crosses over the left; the body is inclined forward, and to the left side. If there is trouble, the mother takes down her hair and lets it fall around her shoulders and face. Besides heathen incantations, the woman may be induced to swallow her quid of tobacco; and if this fails, she takes gunpowder or soap. They may try other similar experiments, but they do not try any local assistance, and it is well, in their dirt, that they do not. The cord is not cut, nor is there anything done for the child until the afterbirth comes, except in much delayed cases the child is removed before it perishes. Labor is usually very easy, and child-bed fever almost unheard of. The mother often rises and does work the same day that she gave birth to a child, and at the best they only remain in bed from one to three days. In journeying to and from their trapping grounds it has happened that delivery occurred while on the road, and still the mother made camp as well as the rest, a little delayed, but bringing her trophies with her. I have been their medical adviser for six years, and tho never called except in difficult labor (and therefore from no local examinations), yet from my experience I cannot recall a case that would indicate displacement of the female genital organs. It appears to me that much of the female troubles of civilized people can be traced to meddlesome midwifery, unclean hands and instruments, and improper development due to the manner of dress and mode of life of the civilized woman.

Before me is the April WORLD of this year, the latest by the last mail. It contains many good articles and especially of interest is "Financial Investments of Medical Men." J. H. ROMIG, M.D.

Bethel, Alaska.

[Perhaps the non-medical first part of the above letter is of sufficient general interest to justify publishing, so we have let it stand. The Doctor's subscription is paid till April, 1903. Tho the above letter came from the extreme outskirts of civilization, it is beautifully typewritten on three sheets of excellent paper, and of course, written on only one side of the paper. Tho it comes from the extreme frontier, its appearance is far superior to the average letter received at this office. Strange, isn't it? It was dated July 11, and received here September 2.—ED.]

Abdominal Malformation.

Editor MEDICAL WORLD:—As a small return for the many good things I get from your practical and helpful journal, I send you the following: After repeated "false alarms," I was called on the night of August 2 to see Mrs. C., a multipara, whom I found in actual labor, which progrest slowly but surely until 4 a.m., when I delivered her of a well developt child. When I went to tie and sever the cord, I noticed on the left side of the abdomen of the babe a bright red mass, which in the uncertain light I took to be a nevus of unusual size; but upon closer and more careful scrutiny, I found it to be the *entire* mass of *intestins*, which nature, in closing the abdominal walls, seems to have left on the outside—or could they have been exprest during the many attacks of "false pains" from which she suffered during her gestation?

The case, so far as I know, is unique, with no similar one on record. The first thought that suggested itself to my mind was, could the intestins be returned to their proper place and the child live? or would the opening for their return be too extensiv, and the shock consequent upon the operation be too severe for the delicate nervous system? Looking to the solution of these questions, I called Dr. Dildy, of Lampasas, in consultation. But when he came the matter was conclusively settled by finding the intestins black from strangulation. The child lived until 3 p.m. During its short life it nurst heartily and had several discharges from the bowels thru the rectum. Please let us have your opinion on the subject, and that of your many subscribers. The rarity of the case, and a desire to contribute my mite of interest to THE WORLD, must be

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my apology for this hasty and imperfect communication. J. W. HARRISON, M.D.

Kempner, Texas.

[It is probable that nature failed to completely close the abdominal cavity, and that the intestins escaped thru the opening thus left. If you had carefully examined the abdomen, either before or after death, you would probably have found this to be true. It is not probable that any operation could have availed anything. It is possible—indeed quite probable—that the intestins were never inclosed within the abdominal walls; instead thereof it is probable that they floated in the liquor amnii until birth.—ED.]

Central, or Total Placenta Previa.

Editor MEDICAL WORLD:—On Thursday, September 4, I was called in consultation with Dr. D., to see my first case of placenta previa, patient being a negress, multipara. Dr. D. was called on the previous day. Said he found patient with some hemorrhage, tho not excessiv, and slight irregular pains. Made digital examination and found os just sufficiently dilated to admit the end of his fore finger, but not sufficient to reveal the true nature of the case. He enjoined rest in bed and prescribed fluid extract ergot and tincture opium, each in five-drop doses every three hours. He was called again the next day, and on his arrival found the os dilated to the size of a silver dollar, with more hemorrhage than on the previous day. He recognized the fact that he had a case of placenta previa to deal with; it evidently being central, or total. He then tamponed the vagina and requested that I be sent for. On my arrival the tampon was removed. I made a digital examination and found the os dilated the size of a silver dollar. I confirmed his diagnosis.

We retamponed the vagina and left it in situ to be expelled by the contractions, which was done in about an hour, when we examined patient and found the placenta lying in the vagina with membranes intact, which we ruptured and found the head presenting at the os which was not dilated much, if any, more than at my former examination. There being no hemorrhage, we decided to take Dr. Gore's prescription of sixty grains of patience and "rested on our oars." After waiting for nearly an hour, her pains having diminisht, we gave twenty drops of ergotol, and seeing that our patient was growing weak (not from hemorrhage), we decided that something must be done. We gave five grains quinin and one-twenty-fifth grain strychnin nitrate. The uterus being high up and os not sufficiently dilated to admit the forceps, we perforated the skull and pulled down the head with the craniotomy forceps till we could apply the obstetric forceps, which we did and delivered our patient of a dead eight-months' male child. We gave our patient hypodermic injections repeatedly of syringefuls of whiskey, but she seemed to grow weaker and expired about an hour after being delivered. The patient was in the care of an old negress midwife from Monday night till Wednesday noon, when Dr. D. was called in, and must have lost considerable blood during this time. I report this unsuccessful and unfortunate case, hoping, Mr. Editor, to get your and the WORLD family's criticisms and suggestions. Wherein did we err, and what better course could we have pursued? What do you, Mr. Editor, Dr. Gore and the other brethren, say? Let us hear that we may be benefited and perhaps save our next patient.

Whitmires, S. C. W. L. SIMS.

[The Editor has no criticism, unless inserting the hand and turning, instead of perforating the skull, may have been possible. Perhaps this was considered.]

Phantom Pregnancy.

Editor MEDICAL WORLD:—Dr. Brown, of Rush Springs, I. T., reports a case of phantom pregnancy, and makes inquiry of the WORLD readers if they had seen similar cases. I delivered Mrs. Frank Meadows in 1889 of a well-developt boy. She was in perfect health and remained so until 1893. Her husband informed me that his wife was expecting to be confined again at a certain time, and requested that I be ready to assist her. At the time set I was called, and found three of her lady friends present, who had prepared her bed. I sat by the bed for some time and noticed that she was having what appeared to be expulsiv pains at regular intervals. The abdomen was very much distended, and each recurrence of pain seemed to be more severe than the preceding one. I made a digital examination and found the vagina in a normal condition. I was unable to reach the os uteri. I gave her treatment and informed her that she would not be confined for some time,

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possibly not under thirty days. Just one month from this time I was sent for again, but it so happened that I was in the country and my old friend, Dr. Gant, was called. He informed her that she would be delivered by morning. Morning came and she was still not delivered. The Doctor was anxious to get rid of the case and had me called. I found the conditions as before stated, and I decided at once that I had a case as reported by Dr. Brown. Mrs. Meadows was very angry when I informed her that she was not pregnant, and she insisted that Mr. Meadows call another physician. I requested one of her lady friends that was eight months pregnant to lie on the bed beside her and had her make an examination thru the walls of the abdomen, and she was soon convinced that she was not pregnant. It was not long until the bloated condition had disappeared, and she has since given birth to two children and is strong and healthy.

Cowgill, Mo. S. MEREDITH, M.D.

Medication in Labor.

Editor MEDICAL WORLD:—On being called to a case of labor, I usually give a small dose of cimicifuga, say ten drops of fluid extract in a half tumbler of hot water, to test the case. If the pains are premature they will cease in half an hour. If not, they will increase in strength and frequency. The dose may be repeated half hourly or as often as indications suggest. In anemic cases I give capsicum and quinin in doses of three to four grains of capsicum and one to three of quinin, one or two hours apart. I also have the woman drink freely of hot pennyroyal tea or simply hot water. Heat is a powerful and natural stimulant. T. A. BLAND, M.D.

161 South Hoyne Avenue, Chicago, Ill.

Triplets.

Editor MEDICAL WORLD:—I was called to attend Mrs. D. in labor Sept. 1st, and to the great surprise of all, she gave birth to triplets—all three boys. The first was born at 1.15 a.m., weight six pounds; second born at 1.45 a.m., weight five pounds; third born at 2 a.m., weight four pounds; total weight fifteen pounds. At this writing, Sept. 6th, mother and babes all getting along well. This was my first case of triplets. I have been reading THE WORLD for only a short while, and so far am greatly pleased with the WORLD family.

Pylas, Texas. J. W. SHIPP, M.D.

Forceps vs. "Resting on Your Oars."

Editor MEDICAL WORLD:—On page 328 of the August WORLD we find an article on the non-use of forceps which is ably answered in the September number. While I do not agree with Dr. Gore in "resting on his oars" too much, his words contain much common sense.

I suppose I have had some six or seven hundred cases in my time, and have had only about six or seven cases in which I thought it was necessary to use forceps. There is no doubt in my mind but that there are cases where the doctor is doing an act of human kindness by prompt and skilful use of the forceps. Very distinctly I remember of being called one stormy night, or morning rather, in counsel with two other doctors who had been "resting on their oars" all night. They told me they had given everything in the materia medica and the pains were, indeed, all that could be desired, but there had been no move for six hours. I soon decided that there was but one thing to do, and I askt them to put her in the proper position and give chloroform. I introduced the forceps with perfect ease and delivered her of a large boy in about five minutes. Mother and child both did well. Two years after that I was called instead of the fellows that "laid back on their oars."

I am aware that the most of breech presentations will born all right if handled properly. I have had quite a number, but not a great while ago I got caught up on a breech. The head would not born. I had an old lady hold the child up while I applied forceps and delivered the head. This was no time to "lay back on my oars." I would like for some easy fellow that lets the woman suffer it out while "lying back on his oars" tell what he would do under these circumstances. Would he pull the child's head off? or give more time?

Now, I believe in being conservativ, and in giving nature a chance in these things; but there are times when the physician must act promptly, quickly and skilfully, for there is no branch of medical practise that requires more skill when nature once gets wrong, or when complications arise. I want my patients to feel and know that they can depend on me to do more than some neighboring woman. I am aware that too many doctors use the forceps for show and to save time, often-

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times to the great detriment of the patient. It is our mission to relieve all the unnecessary suffering that we can. Dr. Gore said that he never had a case that needed the use of forceps; and the reader can see that I have used them only in a few cases. I might have relieved or saved much suffering if I had used them in a few other cases that I remember. When the emergency comes, Doctor, use them and receive the praise of the mother, and see how you feel, instead of "lying back on your oars" too much.

Hunt, Ill. M. L. GETTINGER, M.D.

Two Forceps Cases.

Editor MEDICAL WORLD:—You will find money order herein for $3.00 in payment for four years' subscription to THE WORLD. It is a very practical paper for the busy practician; one in which I take a great deal of interest.

Forceps vs. "Resting on Your Oars," and Non-use of the Forceps, in August and September WORLDS, pages 328 and 372, bring very forcibly to my mind two cases in which the attending physicians had taken the compound composed of "patience, coolness and levelheadedness," and had retired to a cool, cozy place where they could enjoy a sweet smoke from their old clay pipes while "resting on their oars," and their patients suffering untold agonies and having one spasm after another.

Case No. 1: I was called in May, 1891, to meet Dr. P. When I arrived, after a drive of twelve miles, I found Dr. P. sitting out in the yard under a cool shade smoking his clay pipe, and "resting on his oars" after having taken a dose of the aforesaid compound (but I suspected it was morphin). Alighting, and while hitching my team, I askt Dr. P. how his patient was doing.

"Oh, nicely, if the spasms would only stop."

"But will they stop without something being done for her?"

"I think so; after a while."

"Have you examined her to see what progress, if any, labor is making?"

"Mrs. H. is in the house, and I had her examin the patient; she said labor was progressing satisfactorily."

"How long has patient been sick?"

"Since 4 a.m.—or at that time she had her first spasm."

"You have been with her ever since."

"Yes."

"How many spasms has she had?"

"Forty-eight."

"It is now 5 p.m. Would we not better go in and examin, and see how she is getting on?"

"You can. I don't care to, as I've just come out, and think she is doing nicely if only the spasms would stop."

Still "resting on his oars!" I went in the house; patient had spasm on; I watcht her till it passed off; called for hot water and soap; after thoroly cleansing and disinfecting my hands and arms, examined patient; found cervix well dilated, head of child ready to enter lower strait. Another spasm; patient wholly unconscious and sinking rapidly. I called Dr. P. and told him that unless we did something to relieve his patient she would be dead in less than an hour. His answer was, "Do whatever you think is indicated and I will be satisfied." Still "resting on his oars!" While I was preparing for a forceps delivery she had another spasm and I thought she was gone, but it passed and I delivered her at once, and she never rallied enuf to recognize her husband until the tenth day. While I was delivering her Dr. P. was still "resting on his oars." After it was all over Dr. P. remarkt: "You work beautifully. If I need any more assistance, I'll call for you." The patient made a good recovery.

Case No. 2: Was called May 26, this year, ten miles, to meet Dr. E., and found him "resting on his oars" while patient was having spasms; had had sixteen. I found that patient was only in her seventh month of pregnancy. She could not swallow, so I gave her hypodermics of morphin and ergotol, and she quieted down for three hours, after which her spasms returned more violently than ever. I repeated the morphin, and gave gelsemium, chloral, veratrum and the bromids, but in the meantime Dr. E. left me and went home and I sent for Dr. S. After his arrival we proceeded to dilate and deliver, after which the spasms ceast and the patient made an uneventful recovery.

In this case, as in Case 1, the doctor said the patient would be all right "if spasms would only stop;" but would they have ever stopt had we never used the forceps, and continued "resting on our oars?" Understand, I don't advocate the use of forceps in all cases, but when their

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skilful use will prevent the unnecessary suffering of a poor woman who has already borne more than any of us could bear (were it possible), I advocate their use; and after all is over and mother and babe are doing well, I then "rest on my oars" with a peaceful consciousness of having done what I could for the relief of poor suffering woman. S. W. RIMMER, M.D.

San Saba, Texas.

Use of Forceps vs. Non-use.

DEAR EDITOR AND BROTHERS:—In the past few months (in particular) I have noticed and read many articles pro and con on the above subject in this and other journals. It has made me feel sorry for the young physician who has just stept out of college into actual responsibility. When he reads these articles what will his decision be? A fear and dread of results in using them; and yet perchance he may be confronted in his very first case by cold facts like the following staring him in the face: A young girl who, having been in the agonies of labor for thirty-six hours with an old "granny" as the accoucheuse, with the water "broken" twenty-four hours before, and the lying in chamber a little one-roomed log cabin ten miles from civilization, without a change of bedding, a little old tin wash dish with a hole in the bottom and a rag drawn into it, no soap on the place, and an old wheat sack for a towel; a half dozen old women sitting around the room, every one with an old clay pipe in her mouth, and the room as blue with smoke as hades, and the patient probably hadn't had a bath since she was a baby. Upon examination (after as much antiseptic precaution as would be admissible with the existing conditions) you find a small pelvic opening and a great big head way up in the upper strait, with tumefaction of the labia from repeated probing by the old women (as every one had to feel for her own individual information). All that these old fossils knew about forceps and chloroform was that they were sure death and destruction. How about a case like this, dear brothers? And what on God's green earth would some of you city physicians, who know of nothing but asepsis, do? What would Dr. Oatley (to whom God has been good in sparing him from the trials and vexations of such a case as this) do without forceps? This case may seem to be overdrawn to many, but I'll bet it brings back vivid recollections to many a country physician of scenes and conditions similar if not exactly like this one. The above, dear brothers, was my first case fifteen years ago last March, very soon after I had felt so proud of receiving my diploma. I can frankly say that it took the starch out of me for a starter; but I sized up my crowd and surroundings, rolled up my sleeves and waded in to make the best I could out of a bad situation. After thoroly cleansing the parts with boiled water, castile soap and carbolic acid, and placing the surroundings in as near an aseptic condition as was possible (which was a long way from being ideal), I opened my instrument roll and displayed my forceps. Of all the ungodly sights and sounds that one is permitted to see and hear, I then saw and heard. The old women threw up their hands in horror, and the mother of the girl swore that her daughter should not be murdered with those things. Then the chloroform produced another panic. But when they found I was master of the situation, and it was either to go my way or I would go home, they reluctantly gave their consent, but expected to see the patient die as sure as fate. After giving just enuf chloroform to numb the acuteness of pain while applying the forceps, I proceeded and introduced what has since been my best earthly friend in such cases, the Eliott forceps. Then with care and caution, administering enuf more chloroform to assist me in doing my work, in fifteen minutes' time I presented the old ladies with an eight-pound girl, alive, and no injury to either mother or child.

If a woman ever needs help, and if a physician ever gains a crown, it is in such a case. Assisting nature in time of delivery and shortening the time of suffering without injury to either mother or child, can be most successfully accomplisht by the udicious use of the forceps. I do not wish to be understood as saying that I would advocate their use in every case—by no means; nor in using them would I allow the instrument to press, crush and lacerate the pubes, as I have seen done (by some physicians who are held high in public opinion), which is invariably followed by inflammation, slufing and various nervous ailments resulting therefrom. But in all cases where nature fails after a reasona-

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ble length of time to cause the head to progress downward, then I say the obstetrician is the *hero* who by the use of his vectis or forceps assists nature to pass the head thru the upper and long part of the lower strait, and then and there, with care and deftness, loosen and withdraw his forceps or vectis, as he may be using, and allow nature to do the final work.

Nature by her repeated labor pains presses down the head, and the pelvic walls are responsible for narrowing and lengthening the cranial diameter; but in so doing the mother must suffer untold agony from the constant and continued pressure on the pelvic and sympathetic nervous system. Now, then, by applying the forceps you can reduce the diameter of the child's head; this is done by bringing the handles of the forceps close together by pressure, with the grip of the attendant as a help — not forced pressure to injure the child, but by steady gradual pressure. In dilating the os uteri the surgeon does not expand it at one forced impulse, simply because common sense and science has taught him that this is impossible without rupture; so it is for this very reason I use forceps in many of my cases; by lengthening and narrowing the cranial diameters I have assisted nature and have been a God's blessing to the mother, relieving the long hours of suffering that she would have to pass thru from the pressure and progress of the head. How an attendant can voluntarily sit by the bedside of one suffering with such pains as no mortal on earth but a woman (in that condition) ever bore, and can withstand the pleadings for help and relief, and yet unsympathetically rest coolly "on his oars" and allow the patient to exert every fiber and muscle and nerve until completely exhausted, and yet say that nothing but nature can do the work or give the desired relief, is more than I can comprehend.

When it comes to inertia, I have never found anything to excel the old granny remedy, "black pepper tea, good and strong." Some may laugh, but so long as I can produce results which all other things fail to give, I am one who does not care for sneers. I have often given full doses of quinin where the system was slow in acting; again, I have found cypripedium very helpful in full doses, especially in very nervous cases; but when these fail and extraordinary measures are not called for, the good old black-pepper tea never fails. But after two or three hours of true labor pains, i. e., regular, steady, repeated pains, lasting from half a minute to two and three minutes, and the progress is very slight, or perhaps not at all, it is my opinion that no physician has the true spirit which is characteristic of our noble profession who does not, by science and art, use the means to relieve, and that will not injure either mother or child, and be by so doing an altruist.

My experience has been no larger than most and not as great as many; but in nearly 400 deliveries I have used the forceps no less than 100 times, and I am confident in saying that in no case except two or three that were *very* small, has there ever been injury in any way, and never have I seen one child that was injured, nor any injurious after effect ever noticed. I have had two cases in which craniotomy was compulsory, and if I had had the skill and experience in laparotomy (or cesarean section), I believe those two could have been saved; however, the mothers in both were saved at the expense of the life of the child. In the very early stages of confinement where the pains are lancinating, irregular and far apart and "high up," Hayden's viburnum compound is my old standby. It never injures and never fails to be a blessing when given in teaspoonful doses in hot milk or water every fifteen minutes until relieved. There are no unpleasant after effects following as in morphin.

We find, the world over, many good physicians and obstetricians on both sides of this question. So it was at the time of Christ, is now, and always will be; many accepted and many rejected; but it was and is simply because they do not realize and appreciate the true worth, value and results from accepting.

As to puerperal fevers, I have met a few cases; one and only one in my own work. This patient was quite fleshy but very anemic before confinement, which was the only time I had seen her for several months. She was delivered of twins; one lived, and one died in a very few days. The patient took cold the third day after delivery, and the lochia stopt and never returned, regardless of stimulants, turpentine stupes, antiseptic washes and uterin irrigation, also quinin in large doses. She

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died. It was not from retained placenta shreds or clots, I know. Some doctors would say: Yes, there is a sample of your forcep deliveries. But they were not used in her case at all! Everything was over in half an hour after I arrived, and placenta was delivered complete, with womb contracted down firmly. When I first arrived at the house I remarkt to the husband how very pale she was, as I had known her for over two years and she always had been robust and a perfect picture of health. He said she had not been well for some time, but he could not persuade her to go to a doctor and take a course of medicin. There is where many women who are approaching motherhood make a fatal mistake, especially if they are not in perfect health. I believe that very reason is responsible for many weakly, sickly children; because as the tree is, so the fruit thereof will be. Procrastination in this woman's case was the cause of losing her life. Tonics, and everything failed because vitality was way below normal, and malaria had reduced the red blood-corpuscles to that degree that with the extra strain of labor was fatal. Quinin, iron and arsenic were of no avail.

As to physicians' investments, the very best one that I know of, and the one that will bring in the best returns and the greatest profit to the largest number of persons, is for every physician to apply one hour every forenoon and one hour every afternoon to actual study, either of text-books or medical journals, and stop and *think* on what has been read. Two hours each day for ten years (and there are very few physicians who cannot find that time to spare, and more of them that waste double that time in cards, billiards, etc.) and what will that amount to? Let's see: 7,300 hours of study, or equal to nearly a five years course of six months each year of nine hours each day. Let's try it and see if in ten years from this time we are not better men, doing better work, and better fitted for the work that comes to our hands to do. I know from my own experience that most physicians, especially during the hot months, get careless, and when practise is light, lose interest more or less; but of all men it is our duty to be up and working, fitting ourselves for possible emergencies.

Hoping, dear Editor, that you will pardon me for such a lengthy article, with perhaps but little in it, and leaving it to your discretion to publish such as you see fit,

I am sincerely,

Warsaw, Mo. J. R. SMITH, M.D.

[Can we not all agree that the Doctor deserves all the space he has occupied? His last suggestion, "the best investment," is particularly valuable. Try regular and systematic study, as he suggests, for one year, and you will not give it up; and in ten years you will be one of the leading, if not the leading physician in your community.—ED.]

A Voice from Arkansas on the Forceps.

Editor MEDICAL WORLD:—While I don't make a practise of writing to journals, I would like to comment on Dr. A. C. Gore's article in the August WORLD, "On the Use of Forceps in Obstetric Practise." While I believe there are enthusiasts on both sides, and possibly some of us have not a sufficient dose of "patience, coolness and levelheadedness," I don't think our dose of "patience" should be so large as to lead us to let our patients suffer untold agonies before we make the proper interference. I think there should be a limit to the "resting on our oars" period in all of our cases of obstetrics.

As to the Doctor's remedies for uterin inertia, I heartily agree. I have seen markt effect from the judicious use of them. However, in an experience of twelve years, I have met cases in which all have failed, and I have had to resort to the use of forceps to save the child and mother.

In the defense of the forceps, I will say that I never saw any injurious effects to either mother or child from the use of them. I think by making careful examination and measurement of the pelvic outlet and the child's head, we can tell what cases are proper for forcep delivery.

It has fallen to my lot in experience in practise to witness not only ignorant midwives, but some of our claimed-to-be leading practicians, sitting on the bedside of some poor woman trying to deliver her by administering such uterin stimulants as: "Buck to it;" "bear down;" "don't waste your music," and numerous other expressions of like stimulating character which might "rupture a rainbow or a democratic caucus," and then the child has to be delivered with forceps.

Gentlemen, if we, instead of "rest-

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ing on our oars," would apply the forceps in our tedious labors and deliver the woman from hours of untold suffering, I think we would not only do our duty, but we would prevent some of the ills that we are so frequently called on to treat afterward. However, I don't want to be understood as using the forceps indiscriminately. We should be judges sufficiently to recognize the proper cases for the use of forceps.

Now my brothers, in conclusion I wish to direct your mind to one of the most important remedies in obstetric practise (I consider it so at least)—the judicious use of chloroform. How often the os will dilate, the perineum become relaxt, and the child be born with comparativly little agony to the woman.

The fashions of the present day have much to do with the obstetric practise of today. We have to contend with contracted pelves and other deformities, compelling us to resort to the use of instruments.

J. F. BROWN, M.D.

Enola, Ark.

Typhoid Fever.

Editor MEDICAL WORLD:—I had contemplated saying more about use of forceps, but as Dr. E. M. Wilkinson (September WORLD, page 372) discust their usefulness so intelligently, I will divert my attention at present to another subject.

I notice that Drs. J. R. Smith and Z. R. Millard (September WORLD, page 374) give us some very instructiv light upon typhoid fever. I believe, as Dr. Millard says, sulfocarbolate of zinc is as good an antiseptic as we can use in any intestinal trouble, and I believe Dr. Smith's calomel and wet pack are as good treatment as can be used.

I was called to a boy, age 8, on August 1, and dismist him August 19 with good appetite and wanting to eat everything he could think of. I first cleansed out his alimentary canal with tablets of calomel and soda, 1 gr. each, every two hours until bowels moved freely, followed by a saline laxativ. I gave him as an antipyretic:

Antipyrin.....gr. xx
Fl. ext. aconite.....gtts. viij
Fl. ext. gelsemium.....gtts. xxiv
Water..... q. s. f℥ij
M. Sig.—Teaspoonful every two hours.

I also, when temperature was above 102°, put him in a wet pack, and used it vigorously as his fever ranged between 103½° and 104½° for several days. As an antiseptic I used

Benzothymol (S. & D.) .....f℥j
Elix. lactated pepsin..... .....f℥ij
M. Sig.—Teaspoonful every four hours.

I gave at same time with antiseptic and digestant, liquid peptonoids, teaspoonful every four hours. Gave him buttermilk every three hours during day which he readily took thruout his illness. Whenever there were signs of tympanites and a great deal of gurgling, I repeated calomel and soda as at first, which would be relieved on my return visit. I gave stimulants when indicated. He made a good recovery without any delirium, which is a dreaded symptom in the disease. I heartily commend Dr. Smith's antiseptic enemas, as they not only relieve tenderness by cleansing the large intestin, but they also quiet peristalsis.

J. H. PHILLIPS, B.S., M.D.

Milner, Ga.

Another Case of "Typhoid Fever" Minus the Fever.

Editor MEDICAL WORLD:—In the September WORLD, pages 401 and 402, I read with a great deal of interest a short article on "typhoid fever"—minus the fever. Some eight or ten years ago I met a case of great interest to me and two other doctors who also saw it. A young woman, age about 19 or 21, was taken sick with what was diagnosed as pharyngitis. I was called in as consulting physician on the ninth or tenth day, as she did not seem to be getting along satisfactory to the doctor or friends. After a close examination, I told the doctor in attendance and her friends that altho we had no fever, no rose spots, no tenderness (anywhere), and in fact no *special* typhoid symptoms, yet I thought she had a case of disguised typhoid fever, without the elevation of temperature. I formed my opinion by one symptom only, and that was her tendency to slow utterances, hesitancies, and a deprest state, which we so often note in low forms of such diseases as "typhoid." Her temperature was and had been above normal, a few times 99°, or a fraction above normal; her pulse, the highest 100, but the day I saw her it was 85 or 88; had never run below 72; her respirations were normal, sometimes a little below. She had

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always been in perfect health; never any trouble at all or of any kind. Menstruated first at 11 years and had been regular since, until she had this spell.

Some days after I saw her, Dr. J. J. was called, and his diagnosis was the same as mine, tho no one had said what I had diagnosed the case till after he had exprest his opinion. I forgot to state that I advised Woobridge's tablet No. 2 to be given and pusht. She had rather a tendency to constipation, but after using these tablets for thirty-six hours she had something like three or four stools in twenty-four hours.

Some ten or twelve days after I saw her I was again called with Dr. J. J. to hold an autopsy, assisted by the attending physician. I will say here that the family wanted to know, if possible, of what she died, as the attending physician stood high, and had their perfect confidence; but as he had admitted that the case was such a puzzling one, and we had disagreed, they felt it was nothing but justice to all concerned to find out what it was if possible. Dr. J. (the attending physician) said she had a slight rise in temperature (100°) some six or eight hours before she died, and that the pulse also became weak and quicker (running up to 108 or 112 beats). We of course found ulcerations of Peyer's patches, and also one perforation, with internal hemorrhage. I say "of course," because I had (after talking to the second consultant) felt so certain as to my diagnosis that I would have been very much surprised not to have found that result. I had been treating typhoid in all of its different forms for years; and altho I had never seen, nor have I since, a case like this one, yet I was on the lookout for disguised cases. I wish to say that altho we did not get good results from the Woodbridge treatment in this case, yet that treatment is my sheet anchor in typhoid. I have gotten the best results from its use for some ten years now. I *do not fear typhoid* when I can get No. 2, adult size of Woobridge's tablet, put up by P. D. & Co., near as much as I do a bad cold. If the Woodbridge treatment is given even in the second week and pusht, watching carefully that you do not overdo the matter of keeping the bowels open well, you have every chance in the world of aborting the grave symptoms of the disease. I think Dr. W. only claimed to abort the grave symptoms, and not the disease, as many seem to think. I knew the Doctor personally, but am better acquainted with his wonderful discovery. It is a godsend to both the physician and patient.

Answer to A. S. M. in August WORLD, pages 353-354:—I would advise. 1st. Change of climate; Southern California, on or near the desert. As for medicins, 2d. I would advise sulf. magnesia gr. v to viij, aq. dist. ℥ij; M.—Sig. one dose, repeated every three or four hours. 3d. Foods: Milk or any easily digested food, giving the liquids the preference. 4th. Go to bed early and get up late; resting during the day (about noon) for an hour anyway. 5. Above all things, brother, don't hurry thru life; a good living, with first-class health, is all we need.

Doble, Cal. B. M. SMITH, M.D.
Physician to De La Mar's Gold Mining Company.

Have You Treated Senile Gangrene?

Editor MEDICAL WORLD:—I would be pleased to hear from any member of the medical profession who has treated cases of senile gangrene, viz.:

1. Was dressing done personally or by nurse?
2. How often was dressing done?
3. Limb involved, and extent of gangrene.
4. Duration of disease.
5. Basis adopted for compensation.

S. W. WALTERS, M.D.
New Paris, Ind.

Quassia Injections for Pin Worms.

Editor MEDICAL WORLD:—I see you have another call for a specific for seat worms. About fifteen years ago I wrote to THE WORLD for a cure, and in response I received scores of letters, some containing pills and powders, etc., with directions. I selected one and this is it: Make a decoction of quassia raspings and use for injections into the rectum. My case was one from childhood; had been dosed with turpentine oil, santonin, etc.; no cure; only temporary relief. I was 29 years old when I tried the quassia; used it twice if I remember right. Never have felt or seen a pin worm since. My husband is an M.D. of twenty-five years' standing, and has taken THE WORLD for years. I hope some afflicted soul may get relief as promptly as I did. CLARA WARD.

Armour, S. Dak

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Cure for Pterygium.

Editor MEDICAL WORLD:—I have no ambition to see my name in print, and I seldom write for publication; but so many are at sea as to the cure of pterygium that I venture to give you my remedy. Brush the pterygium carefully once or twice a week with a solution of three to five grains of nitrate of silver to the ounce of water, following in a few seconds with a little pure olive oil. Three or four applications will do the business, and if properly done no injury to the eye will result. If any irritation follows, use

℞

Powdered borax.....grs. x.
Distilled water.....℥j

M. Sig.—A few drops in the eye two or three times a day.

H. W. RICHARDSON, M.D.

Marengo, Ill.

Treatment for Burns.

Editor MEDICAL WORLD:—From an experience of thirty-five years, I will give to the medical profession my treatment for burns, whether of the first, second or third degree. It relieves pain, and heals more quickly than any other remedy I have tried:

Take absorbent cotton, spread on it lanum (Merck's), or hydrous wool fat, U. S. P., say half inch thick, and apply it to the burned surface, the fat next to the burn, using a light roller bandage. Dress every day. Try it, brothers. You will not be disappointed in results. When spreading the fat on the cotton, dip the spatula or knife in hot water, and it will not drag the cotton. J. H. ROOT, M.D.

Kilbourne, Ill.

What is the Truth About Diphtheritic Antitoxin?

Editor MEDICAL WORLD:—I have been an interested reader of your journal for nearly two years and have derived much benefit from discussion thru its columns. I would now like to know what is the calm, unimpassioned opinion of the brethren, of the merits of antitoxin in the treatment of diphtheria. If it is a good thing, approved by the profession, we want to know it. While I do not care to experiment with untried drugs or pin my faith to any new therapeutic agent, however highly enthusiasts may laud it, I am ever ready to adopt any new agent that may aid in making me a better equipt physician, to grapple with disease of any sort.

My line of treatment for this dreaded malady has been for the last fifteen years as follows, with a mortality of only 4 per cent:

℞

Tr. ferri chloridi.....℥iij
Pot. chlorat.....ʒij
Glycerini.....
Aquæ.....āā ad. ℥iv

M. Sig.—℥j every two hours.

Also a 25 per cent solution of H_2O_2 as a spray every hour; whiskey, a tablespoonful every hour; strychnin, pro re nata. Brush throat with glycero-pepsin and iron, equal parts, every two hours.

Milk, soup, broths ad libitum.

Now if antitoxin is a better treatment than the above, I want to know it, as I am only desirous of giving my patients the best and most approved treatment. However, I am a little chary of giving up my old line treatment to adopt what is considered now to be the latest until I am convinced I am doing the proper thing.

JAMES O'READY, M.D.

Milbank, So. Dak.

[Doctor, your conservativ yet progressiv spirit is admirable. It is not necessary that you "give up" your old treatment, as it can be used along with antitoxin. The value of antitoxin in the treatment of diphtheria is now beyond question. Elsewhere in this issue we quote from the latest editions of leading works on Practise on this subject. —Ed.]

Indiana Reciprocity.

Editor MEDICAL WORLD:—As you have manifested much interest in the question of inter-state medical reciprocity, I inclose you the reciprocity resolutions of the Indiana Board, adopted August 14, 1902.

Unlimited reciprocity is at this time both impossible and undesirable; but limited reciprocity under the careful supervision of the state examining boards is possible and desirable.

Muncie, Ind. W. A. SPURGEON.

[Pres. Ind. State Board of Med. Reg. and Exam.]

RESOLUTIONS ON RECIPROCITY.

AUGUST 14, 1902.

Pursuant to that provision of the law regulating the practise of medicin in Indiana, which empowers the State Board of Medical Registration and Examination to make and establish all necessary rules and regulations for the reciprocal recognition of certificates issued by other states,

Resolved, That the Indiana Board of Medical Registration and Examination will reciprocate with like boards of other states on the basis of the following propositions:

First.—As a prerequisite to reciprocal recognition by the Indiana Board the applicant shall file in this office a certificate of good moral and professional character, signed by the president and secretary and bearing the seal of the board by which applicant was last registered; the said board shall have agreed to fully reciprocate the action of the Indiana Board.

Second.—The Indiana Board will accept a certificate of

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examination of a like board in another state in lieu of the examination necessary under the law to registration in Indiana. *Provided*, Such certificate shall show that the scope of such examination included the following named subjects: Anatomy, physiology, obstetrics, gynecology, materia medica and therapeutics, theory and practise, chemistry, surgery, pathology, bacteriology, hygiene, histology, rhinology, medical jurisprudence, ophthalmology, otology, laryngology and dermatology, and provided an average of 75 per cent is attained; and *Provided*, That in case the said examination did not cover all the above named subjects the applicant be required to submit to a supplemental examination by the Indiana Board in the subjects not so covered.

Third.—Inasmuch as there is a large class of physicians who are known to be worthy and well qualified who registered prior to the requirement of the examination test of qualification, and who, on account of having been long out of college, hesitate to submit to such test, this board will consider an application for registration to practise medicin in Indiana from a licentiate of another state who registered in said state prior to March 11, 1901, and was, at the time of his registration, the legal possessor of a diploma from a medical college recognized as reputable by this board; *Provided*, That the said applicant shall have filed in the office of the Indiana Board a certificate of good moral and professional character signed by the president and secretary, and bearing the seal of the board by which last registered, and provided, also, that the applicant be required to state under oath that he has not been, is not now, and will not become an itinerant; and *Provided*, That the said board shall agree to fully reciprocate such action of the Indiana Board.

Fourth.—The fee for registration in Indiana on the basis of reciprocity shall not be less than that prescribed by law for registration on examination.

Red Nose.—Cure for Small Nevi.

Editor MEDICAL WORLD:—On page 347 of the August WORLD Dr. J. L. Daniels, of Milwaukee, Wis., asks for a remedy for a patient with a "red nose attended with hot flushes"—acne rosacea. I send him a prescription which has not failed me, and I feel sure will restore the proper color. I have in mind the case of a gentleman of this city which is parallel to his. He was a "teetotaler" and the blemish was most annoying, for few could believe that it was not alcoholic in origin. The subjoined prescription cured it perfectly, and there has been no return in ten or twelve years:

℞

Lac sulfur	3j
Camphor	
Tragacanth āā	grs. x
Rose water	℥iv

Shake well.

M. Sig.—Apply night and morning. Leave on over night, and apply early in the morning and wash off before going out.

Whilst on the subject of dermatology I wish to mention a cure for nevi, or a method of removing such blemishes, that some of our WORLD family may possibly not be familiar with. It is by the use of collodion. The rationale is the jugulation and obliteration of the vessels by the contraction of the collodion. For the last thirty years I have been removing these spots, whether arterial, venous or capillary in nature, and in size from a mere speck up to a finger nail, from the faces and hands of ladies and children. The largest one I ever successfully treated was an arterial nevus, or more properly an aneurysm by anastomosis, about the size of a silver half dollar, situated over the frontal bone in the very center of the forehead, in a young man 18 or 19 years of age, and which had been coming for more than a year. It was a flat, red, activly pulsating mass, very much in shape like a watch crystal. Strange to say, he had been treated by several physicians for cancer and other different things, but no one had diagnosed it as aneurism by anastomosis; and one brother had even punctured it, leaving an ugly sore that gave me much trouble during my treatment, and was nearly as hard to cure as the nevus after I had jugulated the latter. I applied coat after coat, as fast as each dried, to this mass, beginning at the center with the camel's hair pencil and circling out beyond the circumference until I had a splint thick enuf to stop all pulsation. I gave it a coat or so every few days until all pulsation ceast for good. It was very warm weather and the young man sweat very profusely, which loosened the splint once or twice, when a new one was constructed and kept up; and when the pulsation permanently ceast there was left in the bone a depression that would just about admit a silver half dollar, which had been worn by the impulse. A lady had a congeries of blue veins on the margin of her lower lip—a venous nevus—which very much disfigured her and gave rise to visions and dread of cancer. Application of the collodion obliterated the veins and removed the blemishes, to her great gratification. Another lady had varicose veins on her limb, in places as large as the little finger; a proper application of the collodion soon occluded the veins and the result was a sound limb. I merely mention these cases as being in the line of treatment with the collodion.

JOHN E. LOCKRIDGE, M.D.
Indianapolis, Ind.

For diarrhea:

℞

Bismuth subnitrate Bismuth subgallate Prepared chalk Cinnamon water	According to needs of case.

Belgrade, Mo. W. C. O'NEAL, M.D.

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License or Registration.

Editor MEDICAL WORLD:—Do you not think that the term "registration" should be universally substituted for the term "license," referring to the registration of medical men? The following incident has occurred to a German physician. On a certain day the Doctor secured a license for his dog; on that very same day he received a certificate enabling him to legally practise medicin. The Doctor said to himself: "Me and anodder dog got licensed today." MAX BAFF, M.D.

Wooster (spelled Worcester), Mass.

Skin Grafting.—Castor Oil for Typhoid.

Editor MEDICAL WORLD:—I inclose a photo of a case in which I grafted skin with success. As you will wonder how

Left shoulder shows four or five grafts placed two weeks before photo was taken. Photo does not show later grafts distinctly.

such a large burn occurred, I will say that a drunken man was after him with a gun and struck him on the head; an accidental discharge set fire to his clothing, and being badly frightened, he started and ran until stopt by some one. The skin was destroyed its entire depth. After it had sluft off I cleansed the surface with hyd. perox. and water, and also cleansed very thoroly the arm from which I was to take grafts. With a sharp tenaculum I raised a piece of skin, and with a small razor, cutting toward the point of the tenaculum, I was able to take such pieces as I wisht. I find this plan much better than using scissors, as there is no curling; and with a little care the piece can be put where wisht without touching with anything else. When the granulating surface appeared glazed, I freshened enuf to start a little serum and slid the graft to place and prest it slightly. When thru, I covered all in with gauze, smeared with an ointment, and did not remove till the third day, when I found almost every piece "taking." It is very interesting to see the grafts growing.

I do not know if there was anything new in the process I used, but results were very good.

Some time ago I askt the question if any one had treated a case of typhoid with castor oil. I have not made a thoro trial, as we have but little typhoid here. I used it several years ago and noticed that after giving a dose that the temperature went down and remained down for several hours, and that patient made a quick recovery. The Medical Council, August issue, reports Dr. C. C. Bass, of Columbia, Miss., as having given it a trial with gratifying results. Theoretically it ought to do good, as it certainly reaches the entire tract, and the report of Van Arsdale, who used castor oil combined with balsam Peru (5 per cent) in treatment of several thousand wounds, ulcers, etc., would indicate its usefulness as an application.

Durango, Col. L. C. HURD, M.D.

When replying to, or referring to an article in WORLD, *always* mention the page on which it is found. Readers cannot be expected to search at random thru WORLD for a reference as indefinit as "Dr. Smith says," "In Dr. Brown's article," etc. The Editor has heretofore patiently and goodnaturedly lookt up such references before printing; but hereafter, contributions that involve such a task will receive scant attention. It would seem that anyone, in writing a reply, would mention the page on which the article being replied to is found; but some seem to think that all readers are bending their attention to the particular page that has attracted *their* particular attention.

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Malarial Hematuria.

Editor MEDICAL WORLD:--There have been several replies to Dr. Wilson, of Florida, whose article on "Malarial Hematuria" appeared in August WORLD. The learned Doctor attributes the trouble to quinin. In September WORLD, page 370, Dr. Bowman says to give thirty to forty grains quinin in four hours to cure the disease and clear up the urin. Then comes Dr. Wimberly, page 371, and says, "We all know that quinin aggravates any case of hematuria regardless of cause." Funny, is it not? Why this difference of opinion in regard to the disease, both in cause and effect? In my judgment, because doctors jump at conclusions and set their opinions down as correct without sufficient investigation.

Now, brethren, I live in a malarial district, too, and I have had some experience with malarial hematuria. I have seen quinin in one case increase the hemorrhage, and in another materially assist in arresting the disease and clearing up the urin. I have seen cases develop after the use of quinin, and others where no quinin had been given; in proof of which I give the following two cases:

Miss A. was taken with chill; high fever followed. Her father gave her calomel, followed by quinin in heavy doses, as soon as fever declined. This treatment continued two days, when the skin, somewhat yellow at first, became intensely so later, with bloody urin the third morning. Dr. A. was called, who gave more calomel and eight or ten grains quinin every two hours to cinchonism; then four hours apart. Patient grew worse and urin thicker and darker with hemorrhage, while temperature remained high. I was called in consultation on fourth day. I advised discontinuance of quinin. My colleag objected at first, but finally agreed, and we put her on nitrate of potash 10 grains, tincture gelsemium 10 drops, tincture aconite root 1 drop, for a dose given in a glass of water every two hours for three doses, then three hours until temperature fell below 101°; at same time fluid extract ergot 20 drops, oil turpentine 10 drops, alternately with the above; also strychnin ars. grain 1-60, and digitalin grain 1-67, for a dose every four hours. Temperature declined and urin cleared in twenty-four hours and patient made a good recovery. We left patient on pot. nitrate 5 grains, every four hours, and the strychnin tonic.

Case No. 2: Mr. B. had been having slight fever for two weeks, and as his neighbors said, "lookt green," but kept at work. After having slight fever for two weeks was taken with severe chill at 4 a m. I was sent for and reacht him at 6 a.m. On examination found temperature 104°, tongue heavily coated, skin dark greenish yellow, urin very bloody; vomiting a substance that lookt like a prepared paint, except that it had almost all the hues of the rainbow; pulse 120 and compressible; countenance haggard, pincht and deathlike in appearance.

I gave him 20 grains nitrate potash, 15 drops tincture gelsemium, 1 drop of tincture aconite root in a glass of water every two hours until temperature fell to 101°; then 10 grains nitrate potash every three hours alone. At same time I gave calomel, grain 1-6, podophyllin, grain 1-12, every two hours until bowels moved freely, and fluid extract ergot, dram ½, tincture cimicifuga, dram ½, every two hours alternately with the fever mixture; and strychnin, grain 1-40, and digitalin, grain 1-67, every four hours. In twenty-four hours urin cleared up somewhat and temperature declined. I then gave quinin 10 grains, and 5 grain doses every two hours until 30 grains had been given; then 20 grains daily for five days. Patient did well, but still had slight fever all the time. Relapst on ninth day, with symptoms more grave, except the deathlike appearance. Dr. D. was called in consultation, who gave his opinion that patient would die, but advised if urin cleared to give 20 to 30 grains quinin hypodermically. I gave the potash and ergot mixtures as at first, with 10 drops turpentine every four hours. Urin cleared up in twenty four hours, temperature declined about 12 m. I administered 20 grains quinin by mouth, followed with 5-grain doses every two hours until 40 grains had been given. Patient did well until eleventh day, having slight fever all the time, ranging from 99½° to 101°. On the eleventh day relapst again, but not so severe. After first improvement I discontinued quinin on fourth or fifth day and kept him on the potash and strychnin tonic. After first relapse I continued quinin four hours, ergot mixture and strychnin tonic. After second relapse I continued quinin three days, then discontinued it. The patient is now able to walk about the place.

Now, in this case, the quinin did not

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produce the trouble, neither did it prevent the second relapse; but it appeared to have a good effect during the paroxysms, but was not given at any time until urin showed signs of improvement.

Conclusion: Quinin will not cause malarial hematuria nor cure it. It is good treatment in some cases, and some it aggravates. Why is this? Some patients are of hemorrhagic diathesis (bleeders), and in these cases quinin is contraindicated. In all others quinin is indicated. This in my judgment is the secret of the whole matter, and why there is so much disagreement among the brethren in regard to the treatment of this disease. Nitrate of potash in some way acts as an antidote in all malarial troubles. How or why I am unable to say; but it is useful in all malarial fevers. It should be given largely diluted with water.

G. W. Woods, M.D.

Altonia, Texas.

[Are we to understand that you gave no more calomel than that mentioned above? Dr. Wilson did not object to giving quinin in this disease *in connection with free action of the liver and bowels.*—Ed.]

Malarial Hematuria.

Editor Medical World:—As this pathological condition is under consideration thru the columns of our World, I desire to say a few words on the subject. As to the cause of malarial hematuria, I agree with most writers that malaria is the exciting etiologic element; but there are certain morbid changes in several of the organs which must exist before malarial hematuria can develop. It usually develops in subjects whose spleen has undergone morbid changes, i. e., what I would call malarial hypertrophy. In that case the liver suffers from the pathogenic cause also.

The condition usually develops in those subject to the tertian type. Another thing worthy of clinical notice is that a large per cent of cases occur in those of dark complexion. You will rarely see a blond or one of sanguin temperament have malarial hematuria. It usually has gallantry enuf to exempt ladies; some exceptions; but you find the exceptions subject to menstrual irregularities, and the condition is developt on or about the menstrual period. Our text-book writers appear not to have sufficient data to enable them to give us clearly the symptoms of the condition; for none whom I have consulted have noticed the circumstances just mentioned.

The morbid conditions generally present the following symptoms and clinical history: Patient has had several attacks of chills (every other day usually), which he has aborted perhaps with quinin, but would neglect the prophylactic use of quinin and suffer from relapses; now you can easily conceive the conditions of spleen and liver. Finally, on a regular day for the chill, a rigor of considerable severity seizes him, and a congestiv condition of the kidneys ensues, the functions of the liver are interfered with, the icteroid appearance of the skin is establisht, the sympathetic nervous system staggers under the profound toxemia, interfering with the functions of the vaso-motor nerves, and thru their functional disability the circulation is much impaired, and it is then the kidneys have to assume new functions and make an effort to rid the system of the disintegrated blood corpuscles. Here we have the hematuria; also the broken down red blood corpuscles, whether from the partial disruption by the pathogenic germ of the disease, or whether their condition might not be due to the disabling of the splenic function, I cannot say. At any rate, the elimination seems to my mind to be the working of the *vis medicatrix naturae* in its contest with the existing pathologic conditions.

Now you will expect something in regard to therapeutics. I will give my specific treatment the preference, by naming it first. I hope I will be pardoned for referring to an article publisht in The World, March, 1899, under the caption, "A Nice Point of Ethics." I discust the drug then under the name of "the Alter Specific;" but since then I have publisht an article in the Eclectic Medical Journal, June number, 1902, page 298: "Populus Monilifera." This drug, as I claim in The World and the Eclectic Medical Journal, is a specific for the pathologic condition under consideration. Then if I am provided with a good fluid extract populus monilifera, I begin, if a child, with a fluid dram and a half every hour till I administer a fluid ounce and a half. I generally have the hematuria stopt, and without suppression, which such treatment as tannic and gallic acid and fluid extract of ergot is almost sure to induce.

Do not give quinin. Quinin has no power to cure this condition. The time

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for its usefulness as a prophylactic passed forty-eight hours before the induction of the condition before us. As I said, I begin the populus monilifera at once in any of the stages; I also give some attention to the alimentary canal. I very often prescribe this:

℞

Calomel.....gr. xij
Podophyllum.....gr. ij
Ext. colocynth co.....gr. iij
Pulv. ipecac.....gr. ijss
Soda bicarb.....gr. vij
M. ft. Capsules or powders No. vij.
Sig.—One every hour till all are taken.

Or as follows:

℞

Ext. colocynth co.....gr. xij
Podophyllum.....gr. jss
Ext. hyoscyamus.....gr. j
M. ft. Capsules No. iv.
Sig.—One every two hours.

I also, while vomiting is persistent, bring about a favorable condition by giving hypodermically hyoscyamin $\frac{1}{100}$ gr., with strychnin nit. $\frac{1}{10}$ gr.; repeat in an hour if necessary. If I have not the populus monilifera, I prescribe the following:

℞

Salicin.....gr. xlij
Pulv. digitalis.....gr. vij
Pulv. capsicum.....gr. iij
Cinchonidin.....gr. v
M. ft. Capsules No. x.
Sig.—One every two hours.

England, Ark. W. M. ALTER, M.D.

A Word for the Specialists.

Editor MEDICAL WORLD:—It is not necessary to assure you of the respect I bear THE WORLD. The fact of many years subscription speaks louder than words in that regard. Still occasionally I am forced to take exception to some of the doctrines and opinions promulgated thru its editorial columns, and your article on "Too Much Specialism" in your September number is a case in point. I am a "specialist" in dermatology, and I will not presume to speak for other than my own line. You say "there are men practising in the mountains and swamps who are the peers of Wood, Agnew, Loomis," etc., etc. The plain inference to be drawn from this is that you hold that those "backwoods" men are the equals of Wood, Agnew, etc., in the latter's own special branches. Such a claim I hold to be absurd, totally beyond what reasonable men would assert, and I am convinced totally beyond what any of the rural men would claim for themselves. That those country doctors are the equals of Wood, etc., in those diseases and conditions with which they are commonly called to deal, is probably very true; but to assert, for instance, that a man practising in a village community, other things being equal, can diagnose an obscure case of tertiary syphilis, or differentiate a case of, say eczema, from one of erythema multiforme, or to name a case of Durhing's disease as quickly, certainly and correctly as a trained dermatologist, is to hold what no reasonable man in the profession will give credence to. I know not how other "specialisms" are acquired, but I do know the only manner in which an accurate and comprehensiv knowledge of diseases of the skin may be obtained, and that knowledge is not to be gotten in any formal undergraduate college course, no matter what the excellence of the college may be, or the length of its term. The only *real* way of studying skin diseases is the seeing, face to face, of thousands upon thousands of such cases, and not for one hour or two hours per week, but for day upon day, and month upon month—and, indeed, for year after year. No man, no matter what may be his mental ability, and I speak from personal experience, and the acknowledged admissions of scores of experienced and eminent general practicians, can become possest of the knowledge requisit to differentiate between the various skin lesions without devoting an extended period to that purpose; and, further, and what is vastly more important, can not *retain* such knowledge, even if it be once acquired, without a chance to constantly exercise such knowledge, and put it to practical use.

The very appropriate extract from Froude, which always adorns the first editorial page of your excellent magazine, tells you that "the knowledge that a man can use is the only real knowledge. * * * The rest hangs like dust about the brain, or dries like raindrops off the stones." What man, therefore, in a village community, even supposing he has obtained this knowledge, will have the chance to retain it? Shall he always keep in his mind a vivid picture of tinea favosa, of lichen planus and pilaris, and be able, instantly, to tell a case of lupus erythematosus from a three days' old kick of a horse? How about the "drying up

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of this knowledge, like raindrops off the stones," or is Froude talking nonsense?

GEO. G. MELVIN, M.D.

St. Johns, N. B.

[Full many a gem, of purest ray serene,
The dark unfathomed caves of ocean bear;
Full many a flower is born to blush unseen,
And waste its sweetness on the desert air.
—Gray's Elegy.

Of all sad words of tongue or pen,
The saddest are these: It might have been.
—Whittier.

Many doctors are earnestly and laboriously practising in villages and "back woods," whose abilities and industry, if specialized, with good opportunities, would place them among the leaders above mentioned.—ED.]

Treatment of Catarrhal Dysentery.

Editor MEDICAL WORLD:—The first and main point is to unload the bowel. Do this with magnesium sulfate. Convert the dysentery into diarrhea. Put on diet of boiled milk, or beef juice and albumin. If indigestion, use lactated pepsin and listerine. Give as little water as possible. Keep patient quiet. If case is moderate, stop medicin after bowels have unloaded. Then treat with rectal enemas. In first stage, may suspend bismuth and chalk mixture in enema. Irrigate bowel with weak camphor solution; or use injection of zinc sulfate, lead acetate and pinus canadensis. If there is extreme running off, give enemas of starch water and laudanum. Quinin may help your case, if it lingers.

ARKANSAS.

The Origin of Eclecticism.

Editor MEDICAL WORLD:—The frequent claim made by some writers that eclecticism originated or descended from Thomsonianism is utterly absurd in the light of history. The contrast between the founders of the two systems is striking, as is also the difference in theory and practise; they were opposed and hostil. The Thomsonian system was inaugurated in illiteracy by Samuel Thomson, who wrote a primer, purporting to be a treatise on the practise of medicin, and got it patented. He advocated for the treatment of all diseases, steaming, puking, and six articles or compounds, numbered from one to six. His number six was "hot drops," which he administered in all cases, on the theory that "heat is life and cold is death." It is legitimate to judge a man's erudition by his theories and work.

Opposed to the Thomsonian system was Wooster Beach, the founder of the eclectic practise, a graduate of the University of New York, a member of the Medical Society of the City and County of New York, a member of the Royal College of Physicians and Surgeons of Berlin. In 1829, thru his instrumentality, a college was erected and opened denominated "The Reformed Medical College of New York." The erection of this college led to the formation of a society called "The Reformed Medical Society of the United States." And in 1830, in accordance with a resolution adopted by the aforesaid society, a school was establisht at Worthington, Ohio, as the Medical Department of the Worthington College. Dr. Beach was also professor of clinical practise in the Eclectic College of Cincinnati, and of Syracuse. To one who "was there on or about that time" it would seem unnecessary to offer proof that the eclectics were not descendants of Thomsonianism. I will quote an extract from a speech of Hon. Job Haskell before the legislature of the state of New York during the session of 1834: "Among the most conspicuous of the botanic physicians, stands Dr. Wooster Beach, of New York, a man of profound learning and research. He, sir, stands the great reformer, the father of the American eclectic practise."

These facts are matters of record. In 1852 he issued the second edition of his great work, "The Eclectic Practise," in three volumes, "being a practical exposition of pathology, therapeutics and surgery." These books are still extant, and many a wiseacre of the present day might learn something of value from them on therapeutics.

D. A. JOHNSON, M.D.

Dundee, N.Y.

Abuse of Aphrodisiacs.

Editor MEDICAL WORLD:—I have noticed in several recent issues of THE WORLD instances of physicians seeking advice regarding their sexual cases. The position you take regarding the abuse of aphrodisiacs fully coincides with my own; but I cannot agree with you in that the trouble exists mostly in the head. While I cannot enter into a thoro discussion of the subject here, yet having devoted special attention to this class of diseases for the past twenty years, I may be able to

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give a few hints that will be of aid to those seeking advice along this line.

The symptoms narrated, in most instances, point clearly to chronic prostatitis (not indurated enlargement), prostatic urethritis, or probably versiculitis; or all three conditions might coexist, as they are so closely allied, both in function and anatomical relations. It is quite easy for one with a healthy prostate to say "be a man," "direct your mind into chaste and moral channels;" but on the other hand, where a man has an inflamed and sensativ gland, from whatever cause, and being constantly reminded of intrinsic excitations, causing sexual erethism, frequent erections and fortuitous discharges, it is quite different; and primarily such a condition of the gland causes an almost insatiable sexual appetite, which subsequently collapses into total impotency.

The prostate, being a highly sensativ organ, coupled with its psycho-sexual function and its intimate relation with the cerebro-spinal centers, is subject to local irritativ disturbances when inflamed, independent of volition or mental influences, and especially at night when the brain should be at rest.

The most frequent cause of chronic prostatitis is gonorrhea, but it is not the only one. On a liberal estimate, about 75 per cent of these cases are traceable to gonorrhea and 25 per cent to other causes. Moreover it is not a fact that the gland becomes affected only by mal-treatment of gonorrhea. It generally follows treatment of the disease, even by the most skilled physicians, and, too, where the patient exercises the greatest care. The gonococci are first implanted, fostered and propagated at or near the meatus in a medium and locality most favorable for their development. They work their way along the urethra, and in spite of all measures to prevent it, to the prostatic part; thence directly into the prostatic ducts and follicles. The orifices of these ducts being open gateways, offer no resistance to the passage of the germs into the prostate, where they become hidden and protected from destructive agents as applied thru the urethra by ordinary methods. Here they remain indefinitly, secreting toxins which perpetuate chronic inflammation of the gland. This condition has given rise to the often repeated expression that gonorrhea is never cured, and is more fatal than syphilis.

The course is also an open one to the seminal vesicles and vas deferens, to which they occasionally gain access. The cylindrical epithelium of the urethral mucosa is the normal abode of the gonococci, where they remain active; but on leaving their indigenous soil for the prostate, they become lethargic and do not propagate unless under exacerbating circumstances. These germs have been known to remain dormant as long as fifteen years, generating toxins which perpetuate a gleety discharge that is poured out upon the floor of the urethra. These toxins (not the gonococci) are absorbed, inducing metastasis, which is manifested by rheumatic, arthritic or neuralgic pains in various parts of the body.

During erotic excitement, whether normal or abnormal, the prostate becomes hyperemic. If this excitement is unduly prolonged by toying with women, masturbation or excessiv sexual indulgence, it causes venous stasis or congestion of the prostate gland, resulting ultimately in chronic inflammation. This condition provokes a chronic discharge similar to that of gleet, and is often mistaken for it.

The pernicious habit of giving aphrodisiacs to excite an already inflamed prostate cannot be too strongly condemned. Localization of the lesion, in these cases, is of first importance. Should it be in the urethra alone, it is easily accessible and yields readily to treatment; but when it is beyond the latter it is obvious that urethral treatment alone can never reach the seat of the trouble. The remedies to be used should be selected with reference specially to their germicidal effects, or their properties to allay inflammation, and be applied directly to the seat of lesion.

GEO. WHITFIELD OVERALL, M.D.
Chicago, Ill.

Control of Sex.

Editor MEDICAL WORLD:—I will explain the subject in a different way from the way that H. S. McMaster explained it on page 370, September WORLD.

A powerful sexual development of the mother favors the production of boys, because she more readily (physiologically) carries the semen up to the ovum while it is in the ovary or tube, and thus in its immaturity it develops into a male; while the weakly woman is impregnated only while the ovum is in the uterus, and very mature, consequently it grows to be a

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female. The reason the sons resemble the mother is because the spermatozoid occupies the ovum longer while it is an ovum than in those which become daughters. The spermatozoid is old by the time it reaches the ovum in the ovary, while it is young and vigorous by the time it reaches the ovum in the uterus. Consequently it would grow to resemble the father, as daughters generally do.

The Doctor says that "more boys are born out of wedlock than girls." That is news to me. I have for more than fifty years heard that the reverse was the case; and the way I had accounted for it was that the woman, not desiring children, used means which prevented semen reaching an immature ovum in the ovary, or tube, consequently a larger number of them grow to be females. Women having children after the menopause would come under the head of weakly women.

With animals, generally, males are generally begotten during the first half of the heat, and females during the latter part of heat.

The same law holds good regarding weakly female animals as in the human subject.

The Doctor speaks of cows. I will say cows are an exception to other animals. With them females are begotten during the first half of the heat and males during the last half of the heat.

Sexually strong males and sexually strong females each favor the production of males; and sexually weak women and sexually weak men favor the production of females.

Polyandry favors the production of males; polygamy favors the production of females. If I had time and room I could prove both propositions.

Instead of giving the Czar the advice he says he would, I would merely advise the Czar never to have sexual intercourse only during the latter half of his wife's intermenstrual period, for then he would be most likely to beget a boy.

SILAS HUBBARD, M.D.

East Aurora, N. Y.

Remember the following prescription when treating chronic orchitis, contusions and traumatic inflammatory conditions:

℞ Ichthyolis ..... ʒij
Plumbi iodidi ..... gr. xv
Ammonii chloridi ..... gr. xxx
Lanolin ..... ʒij
M. et ft. ung. Sig.—Apply locally on lint.

Psychical Appendicitis.

Editor MEDICAL WORLD:—Appendicitis is due to the invasion of micro-organisms: as the bacillus coli communis, streptococcus pyogenes, staphylococcus vulgaris, etc. The recognized predisposing causes are foreign bodies, concretions, overeating, unwholesome food, indigestion, typhoid fever, dysentery, blows and contusions. May we add to this category hyperemia and deranged circulation due to the effect of mental impulses upon the appendix itself—a kind of mental traumatism? Can it be that the brain sends in a modified degree impulses to the appendix analogous to that of the sexual organs? Operators have frequently found the appendix in a state of erection similar to priapism. Is the ever increasing number of cases of appendicular trouble due to the fact that the laity have just discovered that they are burdened with this functionless and troublesome appendage? This state of affairs has almost universally diverted the minds of the laity to this part of their anatomy, perhaps resulting in hyperemia and other pathological conditions.

To exemplify: Two brothers by the name of Harper, occupation, farmers, residents of this community, were operated on during month of April, 1902, for appendicitis. Within a few weeks thereafter a third brother consulted me with well markt symptoms of the same malady. In this same community in the succeeding month of May, a young man by the name of Leary was, upon my advice, operated on at the City Hospital in Baltimore, obliterativ appendicitis proving to be the disease. At this time two of his brothers are under the care of physicians, who pronounce the malady appendicitis.

Are these cases coincidences, due to the same predisposing causes? or the result of fear, dread, or some other impulse or emotion of the mind upon the organ itself?

A prominent surgeon of Baltimore (Dr. Tiffany) believes that the disease is due to some micro-organism not yet differentiated, and so exprest himself before a body of medical men of the same city. His views elicited adverse criticism and quite a controversy resulted. Within a very short time afterward the Doctor himself went down into the very jaws of death in an operation for the removal of this offending member. Was this another coincidence?

It is a fact recognized alike by the laity

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and the medical profession, that fear of disease renders the individual more vulnerable to the attack of contagious maladies. Is the explanation in the theory that, as in diphtheria for example, the mental impulse produces congestion of the throat, rendering the parts more susceptible to the Klebs-Loefler bacillus, while the person with no dread or thought of the disease invites not to a congenial soil

"Those viewless beings,
Whose mansion is the smallest particle
Of the impassiv atmosphere?"

Elkins, W. Va. A. S. BOSWELL, M.D.

[There may be some truth in your suggestion, but the usually recognized reason for the appearance of appendicitis in recent years is that, in former years, these cases were treated as colic, obstruction or intussusception of the bowels, typhoid fever, etc. So it may have been as frequent formerly as at present, but it was not recognized. You doubtless remember an old custom of pressing in the right iliac region in suspected cases of typhoid fever.—ED.]

Cases From Practise.

CASE I.—*Vaginal Thrombus:* Seen in consultation with Dr. Cain. Mrs. K., age 23, primipara, who became pregnant last September and was delivered June 25 after a very short and unusually easy confinement.

Labor was uncomplicated, the position l. o. a., and the perineum sustained no laceration.

One hour after the birth of child the patient complained of radiating pains in the lower rectum and back. They were constant, and gradually increast in severity.

Six hours later Dr. Cain was called, and found the woman frantic with pain; said she felt faint, was restless and complained bitterly of backache and rectal tenesmus. She was not anemic; had no thirst; pulse 120, temperature 102°.

By vaginal examination, bimanually, the fundus could be felt above the pubes; the uterus was well contracted. Some two inches from the vaginal orifice the examining fingers encountered (on the right side) a large, boggy, fluctuating mass, so large that it would scarcely permit the passage of one finger. This was in continuity with the vaginal wall, and so completely filled the canal that it was impossible to reach the upper part of mass, either vaginally or thru the rectum.

With the history, the acute onset of trouble, the intense backache, the rectal tenesmus and ischuria, the diagnosis was easy.

Treatment: Operativ interference was refused, and in consequence the patient was quieted with large doses of morphin. Sleep was secured for the next eight hours, and upon awakening nothing was complained of more than a sensation of fulness in the vagina and rectum. She was catheterized and the vaginal mass so displaced, by the introduction of two fingers, that the lochia could be discharged. A hot douche was given, and a bowel movement followed the use of an enema on the second day. For the next twenty-four hours she complained of no discomfort.

On the third day the tumor ruptured and discharged about one pint of blood clots. No hemorrhage occurred. A douche was given, and under antiseptic irrigations and packing she made an uninterrupted recovery.

CASE II.—*Metrorrhagia:* M. K., female, age 26, married. Menses at 14; irregular, painful, and followed by profuse leukorrhea. Was married when 23, and two years later submitted to curetage for the dysmenorrhea. In August, 1901, she became pregnant. April 1, 1902, she was delivered—breech presentation. The placenta was expelled twenty minutes after birth of child, and it was apparently normal; the uterus contracted and hemorrhage was nil. At the end of two weeks the patient was attending to her household duties.

Twenty-one days subsequent to confinement, pains, pelvic in origin, subtle in onset and of a lancinating character, were complained of, and attended, some three hours later, with a profuse uterin hemorrhage, so alarming in amount that the patient was exsanguinated.

Dr. Fletcher, Sr., was called, and controled the hemorrhage by tamponing the vagina. I saw the case on the following morning, and found her profoundly anemic and prostrated; the temperature normal and the pulse rapid and compressible. On bimanual examination the vagina was found filled with blood clots, the os patulous, uterus subinvoluted, retrodisplaced, and the hemorrhage considerable.

Treatment: Immediate curetage was ad-

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vised; things were arranged for the operation and chloroform administered. In using the flush curet a soft irregular-like object was detected at a point corresponding to the lower placental attachment on the anterior uterin wall. This was removed, the uterus thoroly cureted and packt with iodoform gauze. The perineum demanded three sikwormgut sutures.

Macroscopically the offending material proved to be placental structure (3 cm. square) having a putrid character, and showed evidence of having caused destructiv ulceration of the submucous uterin vessels.

On the day subsequent to operation the pulse was improved in volume and the temperature normal. Strychnin (gr. $\frac{1}{30}$) was given every four hours for the first two days, then pepto mangan in large doses.

A simple enema at the end of forty-eight hours moved the bowels.

The uterin packing was removed at the end of the third day, and uterus was not repackt. No douche was given. Convalescence was uninterrupted.

CASE III.—*Sapremia:* L. H., female, age 23, married. Always healthy. Mother of one child, 3 years old. Became pregnant in February last, and in consequence ingested many highly lauded ecbolics—without result.

April 19 abortion followed the introduction of a hair pin into the uterin cavity. Hemorrhage occurred, pains were severe, and the product of conception was expelled, in part, on the following day.

Everything seemed "all right" until four days later, when, owing to the continuance of hemorrhage, offensiv lochia and pronounced prostration, she summoned medical aid.

On the sixth day subsequent to abortion I saw the patient in consultation with Dr. Fletcher, Sr. Clinically she was the picture of sapremia, highly anemic, restless, seemed worried and the skin was bathed in perspiration. Said she felt constantly chilly and complained of headache, prostration and inability to sleep.

Bowels constipated, tongue coated and anorexia complete. Temperature 104°, pulse 120. Abdomen tender but not tympanitic. Heart: hemic systolic murmur over base. Urin: negativ.

Treatment: The patient was given ether. The cervix was found eroded; the canal patulous; the uterus subinvoluted and retroverted; ovaries enlarged; the tubes normal. Under as near aseptic conditions as surroundings would permit, the uterus was relieved of its putrid contents, thoroly cureted, and together with the vaginal tract, packt with iodoform gauze.

The temperature remained between 103° and 104°; the pulse high; sweats continued; the bowels more obstinately constipated; the belly tympanitic, and with the tenderness, symptoms lookt anything but flattering for three days after operation.

Ice bags were applied to the abdomen, and as soon as the stomach became retentiv, quinin was given and saline purgation instituted.

On the evening of the second day a compound enema was effectual. The packing was removed at the end of seventy-two hours, and followed by a copious vaginal douche.

A general improvement was manifest on the sixth day, the pain and tenderness almost nil, and convalescence complete at the end of four weeks.

CASE IV.—*Cerebral Thrombosis; Apoplectic type:* H. T., male, age 26, single. No apoplexy, insanity or syphilis in family. Father and mother living.

Past history: Ordinary diseases of childhood. Never had rheumatism, chorea, enteric fever, gonorrhea or syphilis. Patient left for the Philippines two years before in perfect health, and returned home last March suffering from the effects of dysentery. From the father it was learned that he recuperated very much subsequent to his home coming; that he took medicin constantly. Complained occasionally of cephalodynia, and that a mental improvement was at times noticeable.

On the evening of May 11th he ate supper, fed the chickens, seemed unusually well, and was last seen at 7 o'clock. One hour later he was found lying across his bed apparently dead. Dr. Cain was called. The patient was comatose, the skin moist, breathing irregular (6 to 8 per minute) and labored. None of the reflexes would respond; pupils of equal size, neither dilated nor contracted. Pulse feeble (89), temperature 102°, and paralysis complete.

Stimulants were given. Dissolution seemed near. Ice was applied to the head and an enema ordered. Saw the patient on the following morning. There was no evidence of syphilis, no cardiac murmurs,

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the vessels not atheromatous, and the man not prematurely old. Breathing was stertorous, the pulse rapid, temperature per rectum, 106.5°. Urin negativ. Every reflex was abolisht. There was no cortical irritation, for the patient never moved from the time of his discovery until death, 12 hours later. An autopsy was refused.

CASE V.—*Diabetes Insipidus:* L. S., female, age 8. Family history negativ. Previous history: Had measles during infancy; scarlet fever and double pneumonitis at the age of five. Was in perfect health until the present trouble.

Present trouble: March 15 while igniting a fire with kerosene, she sustained an extensiv burn (second and third degree) of the arms, face and neck. One week later constant thirst was complained of; the child was nervous and voided large amounts of urin. At the time of my seeing her five weeks later, she was passing from ten to twelve pints of pale colored urin per diem; sp. gr. 1,006; no sugar, albumin nor casts. She was irritable, up six to ten times each night, had a good appetite, yet debilitated much in general health. Skin dry, furuncles numerous, and pruritus vulvae distressing. The extensiv ulceration of face and neck had refused to heal.

Treatment: Rest was insisted upon, the child was bathed three times daily and a solution of sodium hyposulfite applied locally for the pruritus. To control the polyuria and act as a nervous quietant, the following were given:

℞

Suprarenal gland (saccharated), grs. xlviij
Ft. in pulv. No. 24.
Sig.—One night and morning.

℞

Codinae sulfatis ..... grs. vj
Antipyrin ..... ʒiss
Vini ergotae ..... ʒss
Elixir simplicis ..... qs. ad ʒiij
M. Sig.—Teaspoonful after dinner and on going to bed.

At the end of three weeks the face was healed, the furuncles had disappeared, and amount of urin passed in twenty-four hours reduced to 3½ pints; sp. gr. 1,012. The child was greatly improved in health, not nearly so irritable, and could sleep the entire night without voiding urin.

Treatment was stopt five weeks since, and there has been no return of the trouble.

Treatment of acute pyosalpinx in private practise:

1. Insist upon absolute quietude.
2. Liquid diet.
3. Apply ice to the abdomen and secure a thoro saline purgation.
4. Use copious vaginal douches—two gallons—at a temperature of 115°.
5. Resort to "high" compound enemata if tympanites be annoying.
6. A sponge bath twice daily will refresh the patient, obviate the necessity of using coal-tar products and invite sleep.
7. Opium is rarely needed, and never indicated; but should necessity demand, give codein.
8. Should the vaginal discharge continue after convalescence is establisht, apply silver locally to the vaginal tract; introduce an ichthyol tampon every second day, and continue the douche.
9. The differential diagnosis of acute pyosalpinx, appendicitis, and early rupture of ectopic gestation, is frequently extremely difficult. The operativ phase is dependent upon discretion and careful clinical observation.

Enteric Fever: No class of cases are more deserving of careful clinical observation, proper management, adequate nursing—and at the same time so sadly neglected as enteric fever. Synchronously with your diagnosis, insist that the following be procured:

Bed pan.
Ice cap.
Urinal.
Fountain syringe.
Feeding cups.
Medicin glasses.
Three large sponges.
Disinfectants (formalin or chlorinated lime).

The above are prerequisit to treatment, and so facilitate the management of the malady that they obviate many of the untoward occurrences of private work.

Cambridge, O. T. FRED FLETCHER.

Thirty years of country practise satisfies me that there is a real need for a good lantern, to be attacht to the buggy bows to give light on dark and muddy roads. I bought a pair of Deitz lanterns from Reefy, with his patent swing hangers. I paid him $10 for them, and after many trials extending over several years' time, can say that they are worthless. The Deitz Company still advertises them. A gust of wind or a jolt or a swing will put them out every time. What we want is a lantern that will not go out. It must have an inch wick, in order to give sufficient light. It must be arranged so that it can be attacht to the bow of the top, so as to be above the

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mud. It must be durable and sold at a reasonable price. I have been out more than one dark and rainy night feeling my way along with a pair of Deitz-Reefy lanterns hanging in their proper place, but both out and would not stay lit as long as I would be lighting them. The manufacturers say when written to about the lamps, "it is very queer your lamps act as they do, for we very seldom have any complaint." I am in the market for a good pair of lanterns.

Aplington, Iowa. F. L. BLACKMORE, M.D.

[The above was received several months ago. We withheld publication in order to send a copy to each of the firms mentioned, and ask them to see what the trouble was. The Deitz Company sent us numerous letters from physicians praising their lanterns, and we wrote that perhaps Dr. Blackmore did not manage his lanterns right; that by correspondence with him, his difficulty could perhaps be learned and easily corrected. The correspondence to and from *us* has been voluminous, but we have not been able to induce either of the firms above mentioned to take the least interest in Dr. Blackmore's trouble with his lanterns. Finally we received word from Dr. Blackmore that he had sent the lanterns to us (perhaps for examination); he said they were of no use to him. They came, but we, in a city with smooth pavements, cannot give them the proper test. They bear the name of the above mentioned makers. We trust that our rural brethren may be enabled in some way to light their way thru the darkness—we have been there.—ED.]

The Obstetric Fee.

The time-honored custom of accepting a case of confinement for a certain fixt fee is a poor one, and should certainly be replaced by some more equitable system of charging. When the fee is a generous one it is all right; but to attempt to do properly the work involved in caring for a woman before, during, and after confinement for ten dollars—the average fee—is no doubt the cause of many a case of puerperal infection owing to the careless manner in which the work is performed by the physician, who is in a hurry to get back to his office or to make other calls which are more remunerativ. A better plan would be to charge for each visit or office call made before the confinement, for each examination of the urin, for the amount of time spent at the time of the confinement, and for each visit made thereafter.—Med. Age.

Remember to prognosticate guardedly in fractures of the upper one-third of the humerus.

Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a *very* moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—Is an A.B., B.S. or equivalent degree from American universities a requirement for admission to the Royal College of Physicians and Surgeons, or the medical colleges of England and Germany? Or will anything less than a literary degree comply with the educational requirements for admission to studies leading to the degree of F.R.C.S., L.R.C.P. and S., and M.R.C.P. and S.?

TEXAS.

[We sent the above communication to the Dean of the Medical Department of the Univ. of Penna., who replied as follows:

"Replying to the inclosed letter, I wish to say that a degree is not required in order to gain admission to the schools mentioned. It is necessary that the applicant present satisfactory evidence that his preliminary education is equal to that required of native students. He should present a certificate from the authorities of the college or colleges in which his work was done, showing the character and extent of the work done by him, and this document should be certified to by the British consul or German consul, as the case may be, indicating that the institution is in good standing."—ED.]

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Editor MEDICAL WORLD:—Anent statement on page 368 September WORLD that George Washington died of pneumonia, I always supposed he died of acute laryngitis, or of edema of the glottis. The last statement I saw in some medical work, the other in the International Cyclopedia. B. J. BRISTOL, M.D.

[Others claim that it was diphtheria, some say quinsy, and still others give the indefinit diagnosis, "a heavy cold." Perhaps the true diagnosis will always remain in doubt, but we may be sure that it was an affection of the respiratory tract. —ED.]

DR. C. F. TAYLOR:—Will you please in your next issue, or the very earliest possible, of THE WORLD, give your subscribers your version, and what you understand to be the generally accepted version, of the declaration of the American Medical Association at its meeting at Saratoga in June last, of the "Duties of Physicians in Regard to Consultations," Art. iv, Secs. I and II, of the Journal of the Amer. Med. Assn., June 21, page 1650?

My reason for asking the favor is that the County Medical Association here, of which I was a charter member, has seen fit to dismiss me from its fellowship, because (in an emergency) I "obeyed the broadest dictates of humanity" and at the request of a homeopathic physician (when there was none of his own school nearer than ten or twelve miles), having a license to practise medicin conferred by a medical board authorized by the state, went to his assistance, and by instrumental means delivered for him a woman in the throes of labor. This is the sequel of the occurrence about which I wrote you some time ago and have your kind letter endorsing my action, and urging me to stand fast in the uprightness of my position.

Walkersville, Md. J. D. NICODEMUS, M.D.

[The code is a grand document, and should occupy a high place in the estimation of every physician of whatever school (however, many even of our own school have never read it, we are sorry to say); but when the code is placed above humanity, it is placed too high. The code should be studied, and be assimilated into the thought and conduct of every physician; but at the same time, every physician should recognize and respect the laws of his state. The code, with reasonable interpretation, is elastic. However, as illustrated in the above incident, the tendency in the past, which still exists in some sections, has been to rigidly adhere to the letter, instead of bringing out the spirit by making a reasonable interpretation. For this reason the American Medical Association is endeavoring to modify the text, as written over half a century ago, so that the beautiful spirit may be preserved, without the harshness of the letter when taken without the spirit. It is hoped that no body of "old schoolers" will remain much longer behind in the movement, that has already been much too tardy. The difference among the "schools" has been only in medicins and their administration; and not in the broad fields of surgery and obstetrics; hence specialists in the latter two branches have long been counseling with and operating for practicians of every legally recognized "school." The long-establisht custom of leading specialists in our large cities (particularly in New York City), the dictates of reason, and the demands of humanity sustain your action in the incident as above given. The people will sustain you, and let us hope that the members of your local society will recognize the thought and demands of today, which they can do without violating the spirit of one of the grandest documents ever written.—ED.]

Editor MEDICAL WORLD:—A girl at eight years of age fell from a tree on right side. She complained of pain in entire right side. In one month she was stricken with paralysis in right side and also left leg. She has taken tonics, massage, and wore an electric belt. She has improved some, but is unable to stand or walk. Extensors, flexors and pronators of right arm are paralyzed. In her legs her abductors are better than the adductors. Flexors and extensors at knee are poor. Her feet feel cool all the time. She has very good motion in ankle joints. She has slight curvature of spine in dorsal and lumbar region. The muscles of neck and face are all right. She complained of pain in sacral region of back while paralyzed, and could not lie on right side at all, and very little on left while paralyzed; but can occupy any position now. Her family history is good and her general health is at par; she is now eleven years old. I find loss of sensation. I have recommended massage and the use of the battery. Will thankfully receive any comment or suggestions. Success to THE WORLD and its readers. F. A. WHITE.

Addran, Tex.

[We wish to again remind readers that all are invited to discuss cases by writing to either us, or the inquirer direct. The fact that we comment on most cases need not deter you. Write whenever you feel that you have anything to say, whether we have done so or not.—ED.]

Editor MEDICAL WORLD:—Aged 60, health considered good, activ life, a good eater and a fair sleeper, six feet and weighs 185 pounds. Of course has had his ups and downs in life. Had typhoid fever when 12 years old, and pleuritis combined with pneumonia and hydrothorax

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when 20. Two years later was laid up all summer with acute hepatitis and acute trouble with the mesentery glands that nearly carried him off, and he could not straighten for the pain caused across him just below the stomach. Since then he has had an abscess three times in the frontal sinus, once brought on by forgetting and blowing his nose when in the dissecting room and leaving a piece of the rotten subject on his mustach when he was thinking of something he was working at. He is a country doctor and can physically stand up with the majority. He has had a chronic diarrhea ever since that liver trouble. Has never been bothered with his urinary organs until last winter, when after a tedious labor he passed a renal calculus as large as two navy beans, since which time he has had no more trouble from that source.

The real trouble I wish to consult you about is an intolerable itching that has been troubling him for many years, and seems to get worse each year. This used only to trouble him shortly after taking a bath. A few minutes after he was thru rubbing himself with his coarse towel it would begin. No certain spot. A sting about like that caused by a mosquito, here and there, keeping an almost constant fight of rubbing here and then there, only to have a fresh bite elsewhere. This would keep up for a half hour, or rather until he covered up and got real warm, when the annoyance would disappear, but a trip around the room in the cool night air would bring it on again. He has seldom used his bath tub on account of the punishment he receives for so doing. He has been able to avoid this itching by having the water as hot as he can possibly stand it, but the hot water makes him feel weak. He sweats a great deal and very easily. There is no eruption on his skin, and he has never had any venereal disease nor any skin trouble. Have never treated the trouble, for I felt that it was a nervous trouble or something beyond my ken. Would like to hear from some one that can help me treat this case successfully, for I am certain I would be able to earn the patient's everlasting gratitude. If you will turn your ear down so no one else will hear what I say, I will tell you why: because the patient is I.

F. L. BLACKMORE, M.D.

Aplington, Butler Co., Iowa.

[The cutaneous pruritis is doubtless due to uric acid in the system. The passage of the calculus points strongly toward this view. Examin urin thoroly for uric acid, and do not rest with one examination. Make sure, also, that the specific gravity and the quantity passed are normal, and that the reaction is suitably maintained. If you have not the facilities for making a complete examination of urin, send sample to some one who is; a superficial examination is useless.

Put patient on an extended course of salines, diuretics and anti-rheumatics, and he will soon improve. Because the patient is a doctor 60 years of age, and being yourself, he will probably prove somewhat intractable and refractory; but if you handle him with a firm hand you will cure him and earn his gratitude, even if he does prove "slow pay." A mild lotion of menthol and carbolic acid in glycerin and water would probably give immediate relief when the attack comes on. Try such a lotion immediately after bathing even if itching has not begun. If you will take your own medicin, and follow our advice, you will not need to ask again. The treatment may seem too simple for you, but it will cure if you will follow it. Now, Doctor, have you not learned something in sixty years? Probably over thirty years' practise ought to have developt some few prescriptions which seldom fail you. Send in all your "sure shot reliables."—ED.]

Editor MEDICAL WORLD:—I have a case under treatment in which I would be pleased to have help. A young girl, 13 years, very pale, intense thirst, ravenous appetite generally, sometimes misses a meal or does not eat so heartily, steadily losing flesh; urin pale, slightly acid, sp. gr. 1,008, average 8 to 10 pints during night. I do not know how much during the twenty-four hours, as it is passed on ground during day. No albumin nor sugar in urin. I diagnose diabetes insipidus. Am using arsenauro, restricting diet to easily digested and at same time nourishing food, keeping patient normally clothed and skin clean. Will the Editor suggest other treatment? I fail to find anything in text-books or medical journals that gives me any further help in treating such a case.

S. E. YOUNG, M.D.

Baywood, Va.

[Your diagnosis is correct if you have properly excluded every trace of sugar. How has your diagnosis helpt your patient? What help do you expect to give until you ascertain the source of the trouble? As the "authorities" give it, your treatment has been unimpeachable. The proprietary you mention is a great agent for good in indicated cases, but are you confident the proprietors would commend it here?

There has been a lecture due the family for some time on this matter, and you may as well act scape-goat. We ache for a whack at the authority (?) who first labeled diabetes insipidus as a disease, and gave it a name and a place in the "text-books." It is not, and never was, a disease; it is a symptom, pure, if not always simple. When you ascertain the cause of the excessiv flow of urin, your intelligence and skill will at once outline the plan of treatment.

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When authors can classify "head-ache" or "pain" as a disease, then they may so classify diabetes insipidus. We want all the members of the WORLD family to do more thinking. We get a few letters inquiring for treatment for "dropsy"; we have a few telling of death from "heart disease." There ought to be a law against a man dying of "heart disease." Had he stenosis, regurgitation, coronal rupture, fatty degeneration, ulcerated valves, or what was the matter with the heart, if the heart killed him? Doctors are derelict in such matters. Why? You can thoroly examin a heart in less than a half hour, but investigation of diabetes may take hours, days, or weeks. If the patient is worth it, spend the time. If not worth it for humanity, charity, sake of later influence, advantage to science, personal professional betterment, self satisfaction in the way of a satisfied concience, or employment of idle time, send her to a hospital. *Don't* tie yourself to text-books; *think* and *work*. If the WORLD family cannot fix this poor girl up, then the mortician may be summoned.

Now, brother: (1) Control and regulate this unnatural appetite, and insist on moderate quantities of easily digestible food and complete mastication without drenching with any fluid. Aid digestion by acids and pepsins and pancreatin. (2) Obtain activ catharsis by salines. (3) Exclude pin worms in rectum by examination of feces and injection of infusion of quassia. (4) Ascertain at what age her mother began to menstruate, and see if she is approaching puberty. (5) See that the hymen is patulous for fluids; and that the clitoris is not hooded, but if so, circumcise thoroly at once. (6) Give her all the water she desires, but acidulate it. (7) Ergot, opium, valerian, strychnin, nitric acid, and galvanism to the nape of neck and loins make up the summary of empirical treatment. (8) Find the cause, and you will cure the girl and thank nobody. (9) Do not get angry because your letter was taken as a text. (10) Write a good article for THE WORLD, and help those who want to help you.—ED.]

Editor MEDICAL WORLD:—I have under observation an interesting case and something I think out of the ordinary, and if you or any of THE WORLD family can throw any light on the treatment, I will consider it a great favor.

About two months ago a friend of mine and I went into the mountains to spend a few days. The mountains were very rough and full of poison oak, thru which we passed, but avoided it whenever po sible. Since then my friend has not been near any of it. About three weeks ago he felt slight itching sensation which continually grew worse, until now he is broken out all over the body with poison oak very severely. I first ordered him to take saline cathartics, and also had him apply the usual external applications, but he did not improve, but grew steadily worse. I then ordered him to take:

℞

Quinini hydrobromat .....gr. iv
Pulvis ipecac et opii .....gr. vj

every three or four hours, with laxativs and diuretics. It seemed to do good at first, but later it seemed to have no effect, and he grew worse instead of better.

In want of knowing what to give, I told him to take protonuclein tablets, two or three every four or six hours. I gave these on the principle of establishing a physiological leukocytosis, on the hypothesis that they would help to eliminate or neutralize the toxicodendric acid supposed to be the cause. Altho it has been but a few days that he has been taking the protonuclein, the disease has not progrest since, and he feels very much better, to my great surprise. It is doubtful tho, I think, if this will produce a cure in itself.

I have searcht many of the works on skin diseases and failed to find any internal treatment for internal poisoning by poison oak, except diuretics, laxativs and diaphoretics. It seems that the pathology of this is not well understood.

San Francisco. E. J. K.

[Doctor, you have erred in etiology or diagnosis; poisoning from poison oak could not possibly occur five weeks after exposure. In this connection it is well to remember that a person immune to this poison may convey it on clothing or otherwise to a susceptible person; could this have occurred a few days previous to the eruption making its appearance? We also recall the fact that there are some seventy species of plants which may yield symptoms indistinguishable from those following exposure to poison oak; and that your patient may have been exposed to some of these about his home or in park or street; and, perhaps, most suggestiv of all, is the fact that the best dermatologists are often at loss to differentiate the poison of poison oak from the eruption of acute eczema.

You will not find any satisfactory literature in journal or book on "internal poisoning by poison oak," and you could not make such a theory fit the facts in your case. You have "missed" in diagnosis, probably; but you have succeeded admirably in meeting indications, and

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after all, this is what makes the popular and successful practician. Your diaphoretics, diuretics and cathartics were all right. They would meet a case of eczema. Did you examin the urin to see if you might not have an eruption due to uric acid poisoning? All rhus poisoning (seventy kinds) tend to spontaneous cure in a few days or weeks; eczema does not, and uric acid accumulates. Keep up your treatment as you have outlined it, and add sodium salicylate in generous dosage. Avoid bathing the parts except when necessary; old clothes will do till a cure is complete, when the patient will gladly burn them. Also employ the following method: Cleanse body of patient thoroly with pure soap and warm water and dry gently; follow with a sponge bath of equal parts of black-wash and lime water, and when sufficiently dry, anoint with plain oxid of zinc ointment in generous quantities, let him don a new suit of underclothing which has been washt in boiling water. Repeat applications three times daily (except water bath) and change underclothing every one to three days. Sometimes great benefit accrues from the internal use of calcium sulfid tablets in half grain doses, four times each day until the system is saturated.

We will be glad to hear from you again. You have done well; we only criticise in kindness and suggest in sympathy for the patient; we know our suggestions will do him good, but without a personal examination we could not promise certain cure. Success to all our coast brethren; but you need know that there is yet room in the California corner of the family dining room, and it is filled by invitations of our friends, for, at the price of meat, we can't supply the table and pay commissions.—ED.]

Editor MEDICAL WORLD:—Will the Editor or some of the medical brethren make a diagnosis of this case for me? Married man, 28 years of age, weight 140 pounds, complains principally of a feeling of weight coming on in the region of the epigastrium, followed by a profuse flow of saliva and mucus which is salty to taste. This comes on mostly at night, sometimes several times in one night, and occasionally in the day time, and again he will go for several days without any attack. The attack is accompanied by a hacking cough. Together with this, he has loss of appetite, feels weak, and is quite emaciated. Has lost about ten pounds in the last year. Has had this trouble during the last six years. Outside of this he is a well man; does all his work on the farm; bowels move regularly. He says he must eat meat or he gets worse. Examination shows nothing abnormal, tongue clear, heart and lungs perfect; urin examination reveals nothing; shows no signs of animal parasites. Family history reveals nothing. Digestants and bitter tonics relieve the condition and the attacks, but when he ceases taking them the attacks come back on him. T. W. HOVORKA, M.D.
Silver Lake, Minn.

[Doctor, have you not recognized the old fashioned "water-brash" of our grandmothers? This is what your patient has, and it is a frequent symptom of the various forms of sub-acute and chronic gastritis. It is certain that the cough is a "stomach cough"—from reflex irritation. Under existing conditions it is not astonishing that he is weak and emaciated. He might devour food by the ton, yet if he did not digest it, it might as well have remained uneaten. All you can do is to create an appetite for him, and teach him how to eat, and trust to Nature to do the rest. Six years history ought to exclude tuberculosis, without any examination; yet we advise going over his lungs frequently. He can not expect to be cured by intermittent treatment; only a long course of diet and medicin can produce permanent results. Moderate use of saline laxativs with acid and pepsin will be beneficial. Any of the reliable tonics, such as strychnin, arsenious acid, or the hypophosphites without sugar, will do well. If circumstances permit of gastric lavage, we are sure it would do him good. If he can not consult you frequently, give him a pint of chloroform water and instruct him to take a tablespoonful every fifteen minutes when attack comes on until relieved or six doses are taken. The medicin is taken without dilution. Rigid diet, suggested medication, and persistency will bring satisfactory results.—ED.]

Editor MEDICAL WORLD:—Mrs. S., wife of merchant, age 48, has had four children, youngest born fifteen years ago. Father died at 45 with typhoid fever; mother at 72 following a stroke of paralysis. Two brothers and two sisters all in good health. Excepting attacks of grip several years, she has had good health till a little over a year ago. In January, 1901, her oldest son died, after several months' illness, with intestinal tuberculosis. She had entire care of him, and at his death she was worn out. In June, 1901, she was taken with pain in right chest, but did not pay much attention to it for a week or two, when it became worse and attended with fever, and I was called.

She was sick for two weeks when fever subsided and she gained in strength slowly. I diagnosed pleurisy, but did not detect any fluid in pleural cavity. For several months she was troubled with occasional pains in right chest.

Feb. 3, 1902, she was taken with pain in left chest, but under sodium salicylate and quinin it subsided in a few days, but was followed for several days with soreness of muscles. At this time she first spoke to me about pain and tenderness of coccyx and sacroiliac junction, altho she had some tenderness there for a year or more. At this time—February, 1902—she was very weak and easily tired—in fact, she could not do any work or walking without being tired out. Under tonic treatment, largely hypophosphites, etc., and rest, she gained in strength, appetite improved and could sleep well most of the time, but she tires easily and the spine is little if any better. Some days she hardly feels it and others she suffers a great deal. I used counter irritation over sacrum without apparent benefit. Recently a tender point has developt in cervical spine. Temperature ranges from below normal in the morning to 100° in the afternoon. Two or three years ago she fell out of a hammock twice same day, striking on the sacrum. It hurt her considerably, but soreness passed away in a short time. Am not giving any medicin at present, but urging rest, plenty of good food and all the sunshine and outdoor air possible. I suspect tubercular disease. What is best treatment, and is it wise to tell her the probable nature of her ailment?

Besides the case outlined, I have another one very similar. Pain in coccyx and inside of upper end of femur, altho more in hipjoint. This case has declined in strength in spite of treatment because she did not *rest* until lately; she is resting now and improving. The case given I sent to one of the best doctors in the state, but with not a great deal of satisfaction. I trust you can give me suggestions as to her treatment. L. W. K.

Whitehall, Mich.

[We would not say anything to her regarding what you believe to be the origin of the trouble until you have further evidence of tubercular infection. Is it not possible that the sacralgia is due to sacro-coxitis as a sequel to the violent falls from the hammock? We suggest that in addition to rest and tonic treatment you try the effect of mild galvanism following a course of small and frequently-repeated fly-blisters. Are you sure there is no septic absorption from anywhere? The temperature gives rise to this suspicion. How about the pleural cavity? Tuberculosis would also account for the temperature.

The similarity of the symptoms would suggest a similar line of treatment in the second case. We could not find fault with your diagnosis or treatment, and only tender this as a suggestion. A further history, and if the cases terminate fatally, a post-mortem report to THE WORLD would prove interesting; or if either develop leading symptoms which admit of a satisfactory diagnosis, we will be glad to hear from you. We are sorry not to be able to extend more aid.—ED.]

Editor MEDICAL WORLD:—Mrs. S., age 28, mother of four children, always had good health until four months ago; since then has attacks of severe dull aching pains in right hypochondrium extending to small of back, up beneath right scapula, always comes on from 10 to 1 o'clock at night, last from one to three hours, leaves her greatly prostrated, weak and rapid pulse, slight elevation of temperature, heavily white coated tongue. Sometimes nausea and vomiting, bitter taste in mouth, frequent urination, urin scanty and acid, loaded with urates or phosphates, no albumin, no sugar, constipation; at first the colon was impacted, at times tenderness over stomach, slight enlargement of liver, but not tender; no icterus; has had herpetic eruption about mouth. Diagnosed stomach and intestinal indigestion. Put her on diet of milk, eggs, fish, rare beef, fruit and vegetables; principal meal middle of day. At first gave small doses of calomel and soda bicarb., frequently repeated; salines every morning in glass of hot water; ess. pepsin and nitro hydrochloric acid, C. P., before meals; rectal injection, warm water, every other night; some improvement; after first week stopt calomel; gave one tablet containing ferri redact. 1 gr., mercuric chlorid $\frac{1}{60}$, strych. sulf. $\frac{1}{60}$, arsenious acid $\frac{1}{60}$ after meals, but these seemed to increase pain in stomach. Discontinued them. She is now taking the pepsin and acid mixture with meals, one tablet of peptenzyme after meals, epsom salts and cascara sagrada before breakfast in glass of hot water. As attacks of pain continue she is somewhat worried. I have assured her she would get well if diet rules were strictly adhered to. Will the Editor, or any one, please tell me if my diagnosis is correct, and give me some advice? O. W. SHERWOOD.

Westport, Cal.

[Doctor, you have handled your case well; and we deem your diagnosis correct. Your patient will improve under your regime, but we make some few suggestions. Have you carefully strained the stools for small gallstones? Are you sure that the genito-urinary system is working properly, and is not organically impaired? Have you repeatedly examined the urin, both as to constituents and quantity? Did you attend her in her last confinement? And if so, did you examin enuf to know that all tissues were uninjured? You know as well as we can tell you how to search out uterin, hepatic, and stomachic trouble. The eruption is probably

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only an evidence of auto-intoxication. If you can control the diet and exclude genital disorder, your therapeutics (with added suggestions) should control the case. We will gladly hear from you again at any time. In addition, we suggest chloroform water in one-half ounce doses every twenty minutes till relieved, or five doses are taken, during attack.—ED.]

Editor MEDICAL WORLD:—The opinions of the Editor and of the readers of THE WORLD are desired regarding the following case: Boy, past 3 years, apparently in best of health, was seized with convulsions about 1 p.m. September 2, followed by another in a short time. Saw case at 3 p.m. Temperature in axilla 105½°, pupils contracted, tongue but slightly coated, offensiv diarrhea, at first almost black, later greenish and less odor; considerable mucus. Spasmodic pain in bowels during afternoon. Temperature remained high until death, which took place about 12.30 p.m., September 3, or less than twenty-four hours from time stricken. While pupils were at first contracted, later responded to light, at times being normally dilated. No vomiting at any time. Convulsions clonic and perhaps numbered eight. No tympanites; no opisthotonos; no cry at time of seizure. A few ecchymotic spots after death on body.

Treatment: For fever, aconitin and sponge bath, cold to head; for convulsions, gelsemium (Lloyd's); put in tub of warm water; for diarrhea, colonic flushing with arsenite of copper and sulfocarbolate of zinc; for septic bowels, calomel or calalactose; to sustain heart and respiration, atropin, glonoin and digitalin hypodermically, when weak pulse and syncope. Had consultation about 8 a.m. What more could I have done to prevent a fatal issue, and what was cause of death? S. W. WALTERS, M.D.

New Paris, Ind.

[Ptomain poisoning suggests itself. With this remark, as there is no urgency, the patient being dead, we will leave the discussion to our readers.—ED.]

Editor QUIZ COLUMN:—Regarding Dr. Bruce's appeal for help in August WORLD, page 347, I will say I have recently had two similar cases. One recovered under dietetic treatment for uric acid, with the addition of

℞
Lithium citrate
Sodium citrate āā .....gr. v
Sig.—Often enuf to keep urin bland and free.

℞
Sodium phosphate.
Sig.—3ij in hot water on rising.

Plenty of drinking water during the day; and after meals, tongaline, tho any antirheumatic would likely answer, if one suspected a rheumatic taint. My other case had tabes, as a specialist proved to me. I have found in some cases of flatulency that a purgativ did not effect a cure. In these cases I have used:

℞
Calalactose .....gr. j
Tablets.
Sig.—One every half hour; with
℞
Soda bicarb .....½ teaspoonful
Sig.—Every two or three hours.

About five or six hours of this has proven successful in my cases.

For a good anodyne, especially to prolong freedom from pain and still not repeat the morphin when used, try

℞
Acetanilid
Phenacetine āā .....gr. v
Codein sulf.....gr. ⅜
M.

What do the swamp practicians use when malarial patients refuse quinin because of its unpleasant nervous or cerebral symptoms? Will some one recommend something from his experience? C. O. N.

Editor MEDICAL WORLD:—I have been a sufferer from malaria and falling of the womb for ten or twelve years. Have tried various remedies for malaria, but never did anything for the other trouble till a few weeks since. I am now using a sponge with which to keep the womb in place, changing it every twenty-four hours, using a wash of alum water each time before introducing the sponge. Is there anything better? Is there a permanent cure? I feel a delicacy in writing this, but I want relief if there is any to be had. DOCTOR'S WIFE.

Ky.

[Quinin, methylene-blue, and calomel will do all that can be done for malaria while you remain where you are. Why not make a long visit to some non-malarial district? Or why not induce the Doctor to seek a new location in some district where malaria is unknown? He will know how to use the drugs, meanwhile. The methylene-blue must be medicinally pure and is to be used with caution. The Doctor, of course, will read this. We are always glad to hear from and help any doctor's wife who loves the profession (and her husband) enuf to read THE WORLD regularly.

If you had stated your age we could have given more satisfactory response to the second query. If you are near the menopause, the natural atrophy of the parts may bring relief; but if you have a few years to wait we would do something at once. The operation of fixation of the uterus is generally efficient, and in the hands of a skilled surgeon has a very small element of danger. If you decline

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to consider operation, alter your present plan of treatment at once. The uterus is always a movable body, and its supports (the ligaments) are elastic, and the vagina is a dilatable canal; yet you are dilating this canal with sponges, and while supporting the uterus for a time, you are weakening the natural strength of the ligaments by depriving them of the necessity of exercise; thus you see, you invite further prolapse. Try to avoid the use of any artificial support. Use astringent suppositories or tablets which will maintain their effect much longer than an injection. Follow any of our suggestions, and write us again; there is relief for you, and it may be a permanent cure, but not on your present plan of treatment. You need feel no delicacy in consulting THE WORLD, or any of the family, or any honorable surgeon or physician. All such communications are held sacred. We wish more doctors' wives would come into our family circle.—ED.]

Editor MEDICAL WORLD:—Can you give the formula for "J. B. L. Antiseptic Tonic" in next issue of THE WORLD? It is a white powder used as an enema per rectum with water, and is supplied by Tyrrell's Hygienic Institute, New York City. HENRY REMY, M.D.
Biddeford, Me.

[We do not know the formula, and have never heard of the nostrum. Perhaps some of the family can tell you. The method of use and the name savors strongly of quackery.—ED.]

Editor MEDICAL WORLD and Brothers of the Profession:—A brother in trouble wants assistance. I have been in practise more than forty years. Am a graduate of Rush Medical College, Chicago (class '71 and '72), and I never had a similar case; neither have I ever heard of its parallel. Some twenty years ago this patient traveled over a very rough road forty-five miles in a buckboard and received a thoro shaking up. A day or two afterwards she was taken with a most excruciating pain in the urethra, with a bearing down pressure on passing her water, which was a constant desire, but only small quantities at intervals of perhaps half an hour. Sitting over hot infusions of hops seemed to be the only relief obtainable. This condition lasted (with less recurring pain) for two or three weeks, when symptoms entirely subsided, but have since recurred at intervals of once or twice a year, but with much less severity. During all these years have made repeated examinations of the urethra, but never found any evidences of inflammation. Generativ organs during this time were in a healthy condition. Had borne five children previous to this time, one of which (the last) was premature. Menopause at 45; she is now 56. Except at childbirth, was seldom ill; in fact nearly always the picture of health. About five years ago, during the act of copulation, an unusual sensation was felt by both her and her husband, and it was decided that something was wrong. Examination revealed just within and at the junction of the lower fissure of the vulva a group of wart-like excrescences, elongated but small. On the application of nitric acid these excrescences disappeared, and with the exception of an occasional irritation of the urethra, no trouble was noticed. About this time, however, this patient went north for an extended visit into Illinois, Iowa, Nebraska and Colorado, being absent from husband for eighteen months, during which time the urethral trouble recurred with almost its original severity, lasting for several days at a time. On returning to her husband over a year ago, the painful copulation was again noticed, which resulted in careful explorations and examinations of the parts, revealing a most wonderful condition. Almost thruout, the vaginal walls were studded with these warty growths, standing out prominently and almost as rough as coarse sandpaper, and just within the meatus urinaris was discovered a warty like nodule the size of a small pea, which is only visible when the patient forces it down by hard straining. During the absence of the wife the husband was suffering from apparently the same warty growths, first appearing at the margin of the meatus. They were destroyed time and again by the use of nitric acid very carefully applied, but would return at the end of a week or two. Recently I have used carbolic acid, full strength, which is not so painful or so dangerous; but results are just the same except it seems to drive the growths further in; and now the urethra seems to be filling up with them. Now, brethren, I have given you as plain a history as I can from the beginning, and as you see, it extends over a long period. My diagnosis is non-malignant (non-specific) venereal warts. Am I right? Did the long ride on the buckboard have anything to do with their origin? And did the husband contract them from the wife? The habits of both have always been scrupulously cleanly. With this exception both are vigorous and healthy; and but for this condition, sexual relations would be as enjoyable as of yore. Can the Editor or any other brother suggest a remedy for this dreadful calamity? Am now using in vagina a preparation of salicylic acid and acetic acid, 50 grs. to oz., applied with swab and allowed to dry ten minutes, as suggested in Surgical Clinic, queries and replies, page 275. FLORIDA.

[Her primary trouble, following the ride, was one of acute cystitis. Probably this did not affect the urethra at all at that time. It afterwards developt into a subacute or chronic cystitis with acute exacerbations, as such cases nearly always do. When such attacks recur, as they probably always will, put her on the following treatment: Absolute rest in bed,

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saline cathartics to free and repeated purgation, an exclusiv diet of milk, all the water that can be ingested, and elixir saw palmetto and santal compound of any reliable make, internally, and in a few days the attack will pass away. Between attacks, keep the bowels in a soluble condition without reaching beyond a lax condition; insist on her drinking all the water she can ingest; and forbid too frequent sexual intercourse. Your diagnosis is correct, and the condition is not rare; but your case is severe in type. There is no doubt of the source of infection of the husband being from the wife. Such warts often fill the vagina and cover the vulva, and even extend over the inner portion of the thighs. Repeated bathing of the penis with vaginal secretions contaminated with the fluid which exudes from such warts would assuredly produce a like condition on that organ. We have never, however, heard of the urethra in male or female being clogged up with them. Naturally in her absence from home, the attacks of cystitis would recur just the same as if copulation had been indulged in; copulation has nothing to do with the warts except to irritate them; the vesical trouble and the warts are two separate and distinct conditions, tho each may aggravate the other. Your treatment is correct, but probably too conservativ. We suggest clipping each individual wart from the male patient with scissors, and including a small area of seemingly healthy tissue, and cauterizing the wound with acid nitrate of mercury following enuf 4 per cent solution of cocain to deaden the pain. If the warts tend to reappear, touch each one thrice daily with chemically pure glacial acetic acid till soreness develops, then suspend operations for two days, and resume. Do not make the budding epithelium sore by too copious or too frequent applications following the excision and (possible) reappearance, and do not permit any of the fluid to touch the healthy tissues. A match end is the best applicator when gently chewed into brush form. Absolutely forbid intercourse till all warts disappear from both patients. With the woman you must pursue the same regime, modified. Insert a good bivalve speculum to the cul-de-sac under full illumination, and snip off every individual wart, as in case of male, over as much tissue as you may deem advisable at first treatment; cauterize as above and tampon with iodoform gauze in a single strip which she can remove in twenty-four hours and follow by an injection of creolin in strength of a dram to the pint of water. Repeat the treatment as often as possible till every wart has been removed. If she complains bitterly, dull the sensibility with a cocain solution; but the vagina is not usually very sensitiv. If you leave any warts high in the vagina, they will infect those lower down not yet removed. Clear the canal as you approach the introitus, and you will succeed. We would not hesitate to denude a certain portion of the entire circumference of the vagina, under antiseptic precautions before, during, and after operation, if the warts are too small or too closely united to be taken singly. Persistence in the above lines will probably cure both cases. We will be glad to help you again at any time.—ED.]

Editor MEDICAL WORLD:—Rev. D. H., age 30 years, height five feet eight inches, weight in health 135 pounds, fair skin, lustrous blue eyes. Family history obscure; indications point to strumous diathesis. Has been suffering from eczema and bronchitis three years. Symptoms twelve months ago: Hectic flush, high febril movement, dry skin, mild diuresis, dyspnea, nausea after meals, general anorexia, derangement of the gastro-intestinal tract, edema of lower extremities, colliquativ sweats; pulmonary organs normal, with the exception of small area of dulness over apex of right lung the size of a dollar; erratic and lancinating pain in left hypochondriac space. All of the above symptoms yielded readily to treatment with the exception of bronchitis and gastric derangement, and an occasional rise of temperature and emesis. There is no appreciable enlargement of dull area of lung; appetite good; sleeps well; expectoration and cough improved, and expectorated matter is healthier and less tenacious; weight 120 pounds, and general physical condition improved.

As the case has but recently fallen into my hands, I have not had sputum examined. I would like to have the Editor's opinion of the case, diagnosis, prognosis and treatment, or will be pleased if any of the fraternity will favor me with an opinion, as there is a great diversity of opinion amongst medical men here concerning diagnosis, the majority pronouncing it tuberculosis, while others call it gastritis, caused by purulent matter falling from the throat into the stomach during sleep. It is a perplexing case, and I anxiously await your reply. Vive la MEDICAL WORLD and its many readers! THOS. F. MAURY, M.D.

China Spring, Tex.

[With the presumption that you have stated the symptoms correctly and have not in any way exaggerated them, we

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promise you that your patient will die promptly at the usual time unless change of climate may save him; medicin alone will not. We are not familiar with the climate in your immediate section, but this man needs a dry air such as is found in Arizona and certain parts of Colorado. Do not count too much on his temporary improvement. Examin the sputum at once, and if you find any bacilli, ship him at once. Do not rely on a single examination, but make several. You may have erred as to dulness in pulmonary region, and you may have a case of post nasal catarrh with gastric complications, as you suggest. Exclude syphilis; never mind the "Reverend" affix. Put him on salines to free laxation. Give him whiskey and strychnin, with full diet with plenty of rich milk, and plenty of rest, sunshine and fresh air. We are sure repeated examination of the sputum will exclude or confirm the diagnosis of tuberculosis. We think that the existing stomachic complication is but an incidental feature of the case.—ED.]

Editor MEDICAL WORLD:—I have just started taking THE MEDICAL WORLD, and must say, of all the journals, it is already my favorit. I would like to ask about a peculiar case I am now treating, without much success, and would be pleased if you would suggest a treatment, and at the same time state reasons for these peculiarities. The history of the case was like this: Young man, age 19, unmarried, steady, temperate, appetite good, and weighing 140 pounds; never has had gonorrhea or any other venereal disease; complains of nocturnal emissions. Has been troubled about two years. Erections have always been good, and are usually present when he has emissions. They generally occur two or three times a week, and never in connection with dreams of intercourse. The patient always dreams of being on horseback and wildly galloping down a lane, until he arrives at a certain stump on the side of the lane, where he stops his horse suddenly, stands up in his saddle, and takes out his penis to urinate, only to wake up and find he has had an emission. The after-effects are headache, despondency and pains in the back. He seems to be healthy in other respects, is vigorous and has a good complexion. Lived in the country until he was 14 years old, since then has resided in the city. He has now treated with me for six months. I gave nerve sedativs, instillations of silver nitrate into the prostatic urethra, and also rectal massage. Under my treatment he derived some benefit, in that his emissions are not so frequent, occurring only once in ten days, on an average. This benefit took place in the first ten weeks of treatment, but since then he has kept about the same, having an emission and a dream such as I described, about every ten days or so. If you can suggest anything for the relief of this case it will be very much appreciated. Why should he always dream of riding horseback, when having these emissions?

Spokane, Wash. H. A. KLUSSMAN, M.D.

[In such cases always remember that an emission every ten days in a young and healthy man is not at all outside the limits of perfect health. It is now conceded by all authorities that even more frequent emissions are entirely normal in certain individuals. Impress this fact strongly on your patient, and thus relieve his mind, as the nervous element is a markt feature of the case. You may check the emissions still further by one of the following plans, or you may accomplish nothing further than you have already accomplisht. If he has the emissions when lying on the back, let him tie a towel around the waist so that it will be knotted over the spine; when he turns on his back he will waken before the emission occurs. Have him bathe the genitals for five minutes, just before retiring, in cold water. Let him secure and wear an "emission ring." This is a rubber band with short blunt teeth inside; it is worn just back of the corona glandis while in bed, and when an erection occurs the tension is sufficient to cause enuf pain to rouse the patient in time to avoid the emission. Then he should urinate, and he will then probably be troubled no more that night. Any instrument dealer can make or get you one. As to the cause of his peculiar dreams, we would suggest that he has either masturbated by rubbing against the saddle, or has masturbated near some particular stump. This would cause this peculiar trend in his dreams, but is only offered as a suggestion. Win his confidence; continue the treatment with the additional suggestions, and you will have a well man of him, even if he yet might have an emission every ten days. Allow us to compliment you on your plain presentation of the case. We will be glad to hear from you again.—ED.]

Editor MEDICAL WORLD:—Lady, aged 40, has had three children, two living, the youngest 11 years old; has not been pregnant since. Always enjoyed excellent health until October, 1901, when she was attackt with bilious colic, symptomatic of biliary calculus. The pain subsided in due time leaving a soreness in the parts for several weeks. I directed that the stools should be watcht with care, but they failed to discover any gallstones. The stomach became involved; she would vomit if any food was

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ingested, followed by an intense frontal headache, which would bewilder her for the time being so that she was unable to collect her thoughts. Torpidity of the bowels ensued, the liver somewhat engorged. I administered hydrarg. chlo. mite, ipecac and soda bicarb., followed by soda phosphate. This brought about the desired results, but the gastric symptoms would annoy her and distress her woefully. The most relief she got from belching freely; then the headache would abate. This condition resisted all the remedies that suggested themselves to me, and also the suggestions of Prof. Ewald and Dr. Leuf. She consulted other physicians. Two of them diagnosed her case to be of uterin origin, with induration of the papilla of the cervix uteri. The treatment employed did not give any favorable results. Some time ago she called me again. I found her suffering very much with the distress in the stomach. I observed that she had lost in flesh; she told me that she had lost twenty-nine pounds during the last six months. I should have stated before that I made a thoro examination of the thoracic and cardiac regions without finding any morbid process. She never had any hematemesis, therefore I never entertained the idea that she had ulceration of the mucous membrane of the stomach. Not at any time did she have any temperature or septic chills. Should this elucidate sufficiently for a diagnosis in her case, suggestions will be thankfully received from any of the many friends of THE WORLD.

Mahanoy City, Pa. P. HERMANY, M.D.

[Doctor, your case reminds us of a very distressing case of some years ago, in which gallstone colic was the first definit condition. The stools were washt but no stone was found. All the remedies ever heard of for gallstones were given. Distressing stomach symptoms, with frequent nausea and vomiting were present and persisted. Jaundice was present in a markt degree a part of the time, but no enlargement of the gall bladder. Death occurred in five or six months, from inanition. A postmortem revealed a small gallstone lodged near the outlet of the common duct. Has your patient been jaundiced at any time?—ED.]

Editor MEDICAL WORLD:—Will you and the readers of your valuable journal give me diagnosis and treatment of the following case? O. J. B., age 52 years, about five feet and ten inches high, weight at present about 135 pounds. Occupation for the past twenty years, clerk in a country store. Father died at the age of 75 years. Mother died at the age of 65 years. Both died of "dropsy" (do not know the cause of the dropsy). About ten or fifteen years ago this patient would have periodical attacks of "colic," with constipation of the bowels, etc., but has not been troubled with colic in several years. Present trouble commenced about two years ago. He would have attacks of nausea and vomiting with pains in the region of the liver and in his back and stomach (or rather in his duodenum), bowels constipated, with jaundice, etc. This last symptom (jaundice) has not manifested itself since last November. He still has periodical attacks of pain in his back and stomach, with nausea and vomiting. He can sometimes obtain relief by stretching out straight while lying flat on his back. Any information you can give in regard to this case will be duly appreciated.

Buena Vista, Ala. W. M. HESTLE, M.D.

[The attacks "ten or fifteen years ago" were probably the same in nature as those he now has, but more intense in degree. If it were gallstone colic he would have more violent attacks, perhaps. Presuming that you have excluded the existence of any tumor in stomach and any hepatic engorgement, it would appear plain that your patient suffers from periodical attacks of intestinal indigestion and consequent flatulency. Probably you will never completely cure the case, but you may relieve greatly. See that his teeth are put in perfect condition; if he has artificial teeth, see that they are thoroly scrubbed before retiring and after each meal. Insist on thoro mastication, and limit the use of fluids to half hour before or two hours after meals. Stop coffee, tea and tobacco, if used. Inhibit fats and starches and pastry so far as possible. Keep the bowels regular without activ purgation, and encourage a daily evacuation at a definit time. Forbid "nibbling" between meals. See that the kidneys are up to standard. Put him on two teaspoonful doses of elixir lactinated pepsin, eighty grains to the ounce, before each meal, and add at time of administration five drops of chemically pure nitromuriatic acid fortior; the mixture is taken in a full glass of water. With a medicin dropper he can regulate the dosage. Have the acid made up fresh by the U. S. P. formula, and warn him of its caustic properties, as well as the destruction of the rubber bulb of the dropper if the fluid be drawn into it. Only prescribe enuf for one week's treatment and it will retain its potency; it is inert when the red color fades. We believe he has a chronic catarrhal condition of stomach, bowels, and the hepatic ducts. Gentle and well advised medication and judiciously selected and well masticated diet will produce markt relief and possibly a cure.—ED.]

Never neglect the mouth in enteric fever.

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Editor MEDICAL WORLD:—Please try and help me in the following case: A married lady, aged 30, farmer's daughter with good physique and apparently robust, called upon me some time ago to consult me on wi at appeared to her a very delicate subject. She was married at the age of 28 to a business man two years her senior, and their marital relations are to all outward appearances most happy. She became pregnant soon after marriage, and in due time gave birth to a twelve-pound boy. It was an instrumental delivery and resulted in a complete laceration, which has been repaired, and she has apparently entirely recovered. The child died at the age of four days. She consulted me about sexual matters. She claims she never enjoyed coitus, and never experienced orgasm as a result of coitus. She remembers, however, of having experienced the exhilarating sensation several times in her dreams, once or twice since the baby was born. She is naturally affectionate and seems to dote on her husband. She is worried because her lack of desire robs him of much of the pleasure attending the embrace. As a consequence the copulatory act is performed very seldom. Upon examination I found both the internal and external organs well developt, with the exception of the clitoris, which is rather small. She claims that before marriage she experienced a strong sexual desire at certain periods, but never masturbated. I put her upon general tonics and digestiv malt (Mulford's). I directed her husband to titillate her clitoris when fondling her, to try and arouse her sexual passion. After three months there is visible physical improvement, but no change sexually. I might add that the husband is well developt physically, has never masturbated to excess, weighs 212 pounds, and is by no means impotent. S. G. B.

[Such cases of wifely coldness are quite common, and are always distressing. You seem to have done well, and the wife and husband appear sensible. See that the clitoris is free from adhesions; if any be found, separate all adherent tissue until the glans is exposed. Put her, in addition to your present medication, on half dram doses of fluid extract muira puama four times daily. Direct the husband to fondle her for a considerable time before attempting intromission; often the breasts, nipples, or thighs will respond to fondling when any touching of the genitals arouses disgust and dispels passion. If he is slow enuf in his approaches, her sensations will be pleasurable if not rapturous. Fear of pregnancy will murder passion. Question both on this point and insist on truthful and complete answers. Question as to withdrawal before orgasm. You will need tact, skill, diplomacy and drugs in this case. You ought to bring it out "O. K." and make two lovers happy.—ED.]

QUIZ EDITOR:—Please say in your quiz department: I would like to receive suggestions thru THE MEDICAL WORLD concerning a treatment for poison oak. My wife is troubled with the eruption at intervals of several months. First contracted it several years ago. The eruption appears on hands and arms, causing considerable swelling or edema of fingers and interferes with movements of phalangeal joints. I have tried various remedies, locally and internally, in my practise, but have not found a satisfactory remedy. R. L. MATHEWS, M.D.

Diboll, Texas.

Editor MEDICAL WORLD:—Miss C., age 65, always menstruated with much pain; pulse 100, respirations 24, temperature 99.6°; bowels fairly regular; diarrhea easily induced; urin normal; appetite good. Can eat almost anything; very much emaciated. Complains of sharp, darting, constant pain in the region of left ovary, radiating to thigh and foot; cannot move without inducing pain; cannot lie on left side. Pain is very severe at times. Present illness dates from January last. Other doctors have diagnosed it rheumatism. Vaginal examination was attempted, but the pain was too severe to allow it to be done properly. Have used nerve sedativs, pot. iod., and tonics, but no improvement has taken place. Can you help me?

PENNSYLVANIA.

[Make a rectal examination, or place her under an anesthetic for the purpose of a thoro bimanual rectal examination combined with the same procedure per vagina. You will probably find ovarian lesion or incipient cancer. Unless hemorrhage occur, depletion is the proper method of procedure; this may be accomplisht by the gelatin vaginal suppositories made under different formulas by many manufacturers, or by the prolonged and copious hot vaginal douche. We could not diagnose without a personal examination—nor could any one. If you have thoroly examined the urin and know that it *is* normal, then you may exclude rheumatism. Did you ever hear of rheumatism so affecting the vagina that a digital examination could not be made properly? Read up well in some late work on gynecology as to symptoms, and methods of examination, and posture for examinations. Then take your anesthetic and your nerve with you and do not come back until you think you know what is wrong. Since we can not diagnose, we suggest fattening foods, such as cod-liver oil, and depletion as above advised. Sorry not to be able to do more.—ED.]

Remember that each inch you save in the amputation of an extremity minimizes the shock.

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Editor MEDICAL WORLD:—I here wish to present a case to the Editor of THE WORLD, and to the family of WORLD readers, for diagnosis and treatment. Let the treatment be medicinal, dietetic and physical (as to exercise). If the Editor thinks my history too incomplete, I will gladly make another effort to make it more complete, if he will drop me a few hints as to omitted points. The patient is an M.D., and like the writer, has been in practise only two years, so I ask this help for a member of the "family," as it were.

Age 35, single, of good habits, good family, father, mother and sister living, and in good health; one brother dead, died eighteen years ago, inflammatory rheumatism.

About a year ago the doctor noticed a slight puffiness of the right ankle a few inches above the joint. This condition disappeared in a short time without any treatment whatever, but returned about two months ago, only more markt, this time the left ankle being also involved. It is noticed that on arising in the morning the right ankle joint seems very stiff for the first few steps, after that the joint gives no further trouble until the following morning.

Every night on retiring he takes a bath. When he undresses, his limbs from the knees down itch intensly. It seems as if he must scratch the legs to pieces, especially along the shin bone and in the popliteal space. On examination I found these parts covered with many little sores scabbed over, where they had been scratcht the night before and healed during the day. During the day the itching was not so intense, but it would be necessary to reach down and take a pinch at some portion of the leg often to appease the itching.

He is free from rheumatism, altho he has always been a great meat eater; weight is 240 pounds, having increast about fifteen pounds in the last year—may be less. Recently, in the last two months, he greatly reduced the amount of meat taken; drinks considerable water; takes no alcoholics, except an occasional glass of beer, on an average about four glasses a week; does not chew tobacco, but smokes about three or four cigars a week.

Urinalysis: Sp. g. 1,018, color light straw, reaction acid; no sugar nor albumin; quantity voided about normal, no perceptible increase or decrease having been noted at any time.

Examination of the heart revealed nothing abnormal; pulse rate, 80; respirations, 18.

On climbing the stairs he sometimes notices he gets short of breath.

He sleeps well and is free from pain or disturbances of any serious character, but the pitting of the legs means something that ought to be remedied. Now I wish the WORLD family to help me in this case. I will appreciate any suggestion and follow any line of treatment laid out for this case. HICKORY.

Missouri.

[The symptoms strongly indicate that your case is one of uric acid diathesis. The edema would be easily explained by this hypothesis. There are cases where rheumatism is manifested in other ways than by pain. The intense cutaneous pruritus is another evidence of such a condition. Have his urin examined repeatedly for evidences of uric acid. Shut off all his meat except fish, crabs, frogs, oysters, clams, and the white meat of fowl. Absolutely forbid liquor. Have him take activ exercise to the point of free perspiration every day. Add an alkali to the water in which he bathes. Keep up the free drinking of water, and it is likely some of the advertised alkaline mineral waters would prove of markt benefit. A good application for the intense itching would be some of the impalpable powders advertised in our columns. A thoro and persistent course of rheumatic treatment, with appropriate diet and manner of life, will cure the complaint. Always glad to hear from the young men. Send us some of your favorit college professors' "stand-by" prescriptions for coughs, colds, and other winter diseases.—ED.]

Editor MEDICAL WORLD:—I come asking assistance from the WORLD family for a case of chronic otorrhea of one year's standing, that has resisted all our treatment. It is so offensiv that she is prevented from attending school on account of it, and is threatened with total loss of hearing. Any advice will be gratefully received, and if any physician will write me privately I will give results of treatment thru THE WORLD if desired.

Patient is a girl of 10, apparently healthy otherwise, but has been subject to running at the ears every winter, which would yield to a solution of sulfate of zinc and belladonna, dropt in the ear thrice daily, after thoroly cleansing with warm water. Within the past year we have used ecthol externally and internally; also applied a fly-blister back of the ear, which gave temporary relief, and have used formalin properly diluted, solution bicarbonate of soda, iodin, applied with cotton on the end of a silver probe, zymocide, carbolic acid, and muriated tinc. of iron, according to a formula given in one of the medical journals.

All the above, together with other remedies, we have tried externally.

Have given as a tonic and alterativ Fellow's hypophosphites and a prescription prepared by my father, who is a physician, similar to Battle & Co.'s iodia. My father has cured many cases of long standing, but confesses himself stalled at this one, and I come to you for help.

Fowler, Mo. (MISS) ANNIE HOFFARTH.

DR. A. L. RUSSELL:—I hope I have succeeded in making my "case" clear. I tried to be as concise as possible, but if you can boil it down, you are at liberty to do so. I feel that I have applied to the "highest court," as it were, and if I

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don't get help here, her case is hopeless. So we will most anxiously await any help offered. I always read every number of THE WORLD, which we carefully preserve, as I am deeply interested in medicin, and would like to become a doctor, but must content myself with being only an assistant. ANNIE HOFFARTH.

[Dear Daughter:—You are in our WORLD family, you know, and will pardon patronizing paternalism. Let the old man talk a little. The world and THE WORLD needs such women as you. With your bent and taste you *must* be a doctor. Your two letters are so well written that we publish all of both. Give your father no sleep until he allows you to enter the profession. Energy, grit, taste and talent gives us better doctors from small schools than indolence and wealth from the best universities. You ought to be able to make it; work long enuf and hard enuf, and you *can*. Your father will probably help all he can, for he would doubtless be proud to see his daughter a chief rather than an assistant.

Procure a good head mirror and a good set of aural specula. Cleanse the auditory canal by repeated douchings with water as hot as can be borne, using the ordinary glass male syringe of four drams capacity, and drawing the ear gently upwards and slightly outwards as the fluid is injected. Use only boiled water. About a pint of water and a twenty minute seance is proper; but keep the temperature of the water up till thru the injection. When the canal is thoroly cleansed, insert the proper sized specula and thru it examin the canal and tympanum. With aseptic cotton cleanse all ulcerations; then dry gently. Next saturate aseptic cotton with full strength hydrogen peroxid and gently mop the diseased area; again dry gently. Now insufflate chemically pure and impalpably powdered boracic acid. You may insufflate thru a goose quill by blowing thru it after plunging into the powder, but a pollitzer bag is more convenient. Such treatment must be used daily thru a course of several weeks. All manipulations must be conducted under full illumination. A little pure creolin added to the water will aid antisepsis and prevent fetor and encourage healing. Only a little of the boracic acid is needed if the canal and tympanum are well cleansed and dry; an excess hardens and is difficult to remove at the subsequent treatment. The utmost gentleness must always be exercised in all manipulations. Either you have or your father has skill enuf to cure this case, if you have the proper instruments, and exercise good judgment. Any properly equipt physician may approach the tympanum as fearlessly as he would an ingrowing toe nail. Your sister could not have had better attention, except that you have failed to get close enuf to the seat of trouble. Keep up your internal tonics; keep digestiv and excretory functions up to normal; follow suggestions; and your sister will be well. Do not be alarmed if vertigo follows injections; lower the head and suspend injections for a few minutes, and resume. If the canal be denuded, all the more gentleness is required.

If, after a few weeks careful treatment along these lines, she has not recovered, we advise consulting a specialist. Remember, however, that if you find actual perforation and ulceration of the tympanum, it is not incompatible with the restoration of hearing, as it usually closes and heals under such treatment as we have outlined. If perforation and ulceration exist, and several weeks of this regime fail to heal, then have a competent specialist examin her.

We will gladly hear from her again. Now, daughter, cure this case, and then set sail for M.D., and we wish you success.—ED.]

Editor MEDICAL WORLD:—Girl, 28; acne vulgaris; no trouble appreciable otherwise; menses normal; bowels regular; eats sparingly; height 5 ft. 4 in.; weight 122 lbs.; blond; family history good. Treatment extends over a period of eight months: (1) Lead lotion; (2) alcohol and boracic acid lotion; (3) salicylic acid and resorcin; (4) zinc; (5) mercury; (6) hot and cold alternately; (7) iodin. Internal treatment: (1) Iodid; (2) strychnin; (3) iron, etc. Results nil. R. W. PARIS, M.D.
Morrisville, Mo.

[Your treatment is beyond criticism, and we only offer suggestions which have served us well in many similar cases. Exercise a rigid supervision over her diet, and give digestivs and acids. Use salines freely to complete purgation. If her diet be spare, she probably eats injurious food. Exclude fats and starches so far as possible, and forbid pastry and sugar. Limit meat. Apply hot fomentations to face for ten minutes twice daily (this will redden the skin and cause temporary desquamation), and open each vesicle with a clean needle, and select a pure soap. Each

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fomentation should be followed by a lotion of glycerin and resorcin. Give her internally full dosage of calcium sulfid. A few weeks treatment will cure her.—Ed.]

Editor Medical World:—Have never made a request for aid in your columns, but have been aided much by reading. Now I am going to make a direct request of you in Quiz portion of World, and hope for a discussion by fraternity afterwards.

Child, 2 years old; had fever *four* months; at first it was regular typhoid, with pointed red tongue tympanites, rise of temperature in afternoon; at no time fever very high—99° in morning, 101° in afternoon. Fever disappeared after first two weeks; remained off for three days; parents gave child light bread toast, when fever came on again, and is still holding on without any varied symptoms. For a short while (two weeks) fever was remittent, but since only appears in afternoon. Have gone to the extent of my knowledge, followed the advice of Osler, Hughes, Tuttle and other authors, and had consultation with two other physicians, but all of no avail.

Child has never been confined to bed; always playful; ravenous appetite, which is satiated by liquid diet; has not fallen off, but is the same weight if not a little heavier now than at first.

Parents are in good health; mother was married in her fifteenth year—not very unusual in this climate. Child is as robust now after four months continued fever as other children at same age.

Brothers, discuss freely. I could have outlined my treatment, but did not think it necessary. I shall read with care your advice, for I am "a brother in distress." Shall let you hear later results. P. V. Speir, M.D.

Furman, Ala.

[This comes almost too late for this issue; so with only the statement that tuberculosis, perhaps of the miliary form, is suggested, we will leave the discussion to "the family."—Ed.]

Current Medical Thought.

Selected Prescriptions.

Chronic Pharyngitis.—Instruct patients in the proper use of the voice; having them expel sounds by the aid of the abdominal muscles and diaphragm instead of the muscles of the throat and larynx. Interdict the habit of hawking and scraping to clear the throat. Warn against mouth breathing. Sponge the neck night and morning, first with tepid then with cold water. Build up the general health with tonics, such as iron, quinin and strychnin. The nasopharynx should be kept clean by douching with some antiseptic solution, as Dobell's. Astringent applications are often useful; solutions of nitrate of silver, 5 or 10 per cent, sulfate of zinc or tannic acid, 10 to 20 per cent, may be employed for this purpose.—Stevens: Manual of Practise of Medicin.

Hyperidrosis (Excessiv Sweating):

Pulv. acid. salicyl.
Pulv. zinci carb. praecip.
Pulv. magnesii ustae.....āā ℥iv
Pulv. amyli.....℥xv
Pulv. talci.....℥xx
Misce et Signa: Dusting powder.—Hardaway.

Acne:

Sulfur praecip.....℥j
Ungt. aquæ rosæ,
Petrolatum moll.....āā ℥iv
Misce et Signa: Apply night and morning.—Van Harlingen.

Lentigo (Freckle):

Hydrarg. chlor. corros.....gr. iv
Alcoholis,
Aquæ āā.....q. s. ad f℥iv
Misce et Signa: Apply twice daily.—Stevens.

Alopecia (Baldness):

Quinin sulf.....℥ss
Tinct. cantharidis.....f℥j
Spt. ammon. aromat.....f℥j
Ol. ricini.....f℥iss
Spt. myrciae.....f℥vss
Ol. rosmarini.....gtt v
Misce et Signa: Apply to scalp.—Gerhard.

Care During Menstruation

We must find fault our civilization when we learn of the care which primitive peoples were wont to exercise over the young girl and the woman. It would seem that what they did from purely a religious duty we might be wise enough to attempt at least to carry out for the benefit of our state. It is said that among some of these early peoples it was a time of greatest moment when the young girl approached her first menstrual period, and most carefully was she protected and guided. They had especially designed huts where they were obliged to remain during each period in enforced idleness—not even being allowed to stand erect—their huts being too low to permit it. The Mosaic law compelled such an enforced retirement.

What a contrast to the almost total disregard which we today practise toward our children! Engelmann says that "functional disturbances are least in the first years of pubertal development in the high school, increasing with each year, increasing in the normal school and college, increasing with intensity and seriousness of work." He refers to the New England woman as "supposedly more perfect than in any other section, intellectually above the average, but with a physique below par, with greatly reduced reproductive powers—all due to the forcing of study at the age of development."

Dress reform is spreading widely and rapidly; more attention is being given to the proper diet of the young; physical training forms a part of the curriculum of the public and private schools,

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but there is a tremendous waste of vital energy in the ever-increasing force toward mental acquirements—energy necessary to proper physical development, energy requisit for normal functional life.

"An ounce of mother is worth a pound of doctor," but the burden of responsibility should rightly rest upon the physician, whose care it should be that the mother understand the requirements of the developing girl, and appreciate the necessity of proper methods for equably distributing, during the years of growth and early maturity, the force which will round out her mental, physical and functional qualities.—Dr. W. H. Humiston, in Jour. A. M. A.

To Facilitate Labor.

W. C. Shipley (Cal. Med. Jour.) claims that the following prescription given for the last two or three months of gestation will greatly improve the condition of the patient, by regulating the circulation and innervation of the pelvic organs, thus giving tone, so that labor will progress with greater rapidity:

℞

Ext. cimicifuga, fl	10 gtt.
Ext. pulsatilla, fl	10 gtt.
Ext. viburn. prun., fl	1 dr.
Aqua or elix. simp. q. s. ad	4 oz.

M. Sig.—Teaspoonful three times a day.

He asserts that this mixture will also cure morning sickness and nervousness and arrest the tendency to abort during the early months of pregnancy.—Med. Standard.

Cooban's Worm Syrup.

℞

Fld. extract of spigelia	℥xv
Fld. extract of senna	℥xxiv
Oil of anise	mm. lxxx
Oil of caraway	mm. lxxx
Syrup	O. iv

M.—Spatula.

Will you kindly publish a formula for a nerve tonic containing no bromids or opiates?

1. Fl. ext. celery seed ..... 10 drs.
   Fl. ext. catnip ..... 12 drs.
   Fl. ext. chamomile ..... 5 drs.
   Diluted alcohol ..... 6 ozs.
   Simple syrup ..... 2 ozs.
   Glycerin, q. s. to make ..... 16 ozs.
   Mix.
2. Celery seed ..... 2 ozs.
   Red cinchona ..... 1 oz.
   Orange peel ..... ¼ oz.
   Coriander seed ..... ¼ oz.
   Lemon peel ..... ¼ oz.
   Muriatic acid ..... 15 m.
   Alcohol ..... 5 ozs.
   Glycerin ..... 4 ozs.
   Water ..... 4 ozs.
   Simple syrup ..... 4 ozs.
   Diluted alcohol ..... q. s.

   Mix all the drugs and grind to a moderately coarse powder. Mix the acid, alcohol, glycerin and water; percolate the drug with this mixture, adding enuf diluted alcohol to make 12 ozs. Add the syrup and if necessary, filter. Flavor to suit. —Martin Neuss, in Prac. Drug.

Skin Food.

Spermaceti	20 gms.
White wax	25 gms.
Cocoanut oil	5 gms.
Cacao butter	5 gms.
Exprest oil almond	90 cc.
Oil geranium	4 drops
Fresh cucumber juice, or rose water	30 cc.
Borax	1 gm.

—Merck's Rep.

Kidney and Liver Mixture.

Ac. nit. mur. dil	2 drs.
Succ. taraxaci	4 drs.
Tr. buchu	3 drs.
Tr. podophylli	1 dr.
Spt. juniperi	2 drs.
Liq. strychninae	48 m.
Syrupi	6 drs.
Aq. ad	6 ozs.

Mix.—Sig.: Tablespoonful in water three times a day.—Phar. Form.

Rubbing Oil for Family Use.

The following, which is an old formula, makes an excellent "family remedy for aches, pains, sprains," etc., and it may also be taken internally:

Spirit ammonia	10 parts
Sassafras oil	10 parts
Chloroform	10 parts
Turpentine oil	10 parts
Clove oil	5 parts
Tincture camphor	20 parts
Alcohol, 94 per cent	35 parts

Mix.—National Druggist.

Massachusetts Examination, Held September 9 and 10, 1902.*

DEAR DOCTOR TAYLOR:—Inclosed please find the questions askt at the Massachusetts examination held September 9 and 10. I was present at said examination and can therefore vouch for their correctness. H. W. ALLEN, M.D.
Newark, N. J.

ANATOMY AND HYGIENE.

1. Describe the vocal cords.
2. Describe the prostate gland and give its anatomical relations.
3. What structures are found in the foramen magnum?
4. Describe the shoulder-joint.
5. Describe the nasal cavity and the bones that enter into its formation.
6. Write out a description of the eye.
7. State in detail the symptoms and causes of deficient oxygenation.

*Recently used examination questions of different states have been publisht as follows: Va. and Wis. in Feb. WORLD, 1902; N. J. and Mass. in March WORLD; N. Y., Ill. and Cal. in April WORLD; Mich., Tenn. and Penna. in June WORLD Wis. and Ore. in July WORLD; Ill., N. Y. and R. I. in Aug. WORLD; Penna. and Minn. in Sept. WORLD. Back numbers can still be supplied. Ten cents each.

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8. Give situation, blood supply and relations of the pancreas.
9. Describe the inguinal canal.
10. How would you ventilate a public sewer?

SURGERY.

1. Define varicocele. Give etiology and treatment, both palliativ and radical.
2. State cause, diagnosis and treatment of impacted fracture of neck of femur.
3. Give diagnosis of stone in bladder, structure and cystic inflammation being complications. Give treatment for each condition.
4. Give etiology, diagnosis and treatment of mastoid inflammation.
5. Define secondary hemorrhage. State a supposed case and treatment for same.
6. State complications which may occur in fractured ribs, and treatment.
7. Describe cause and treatment of scirrhus of breast.
8. Describe in detail intestinal intussusception. State symptoms produced by it.
9. Give symptom, purgativ and treatment of erysipelas caused by a wound.
10. State symptom of stone in gallbladder; also when in common bile duct. Describe operation for relief of stone when in gallbladder.

PHYSIOLOGY.

1. Give function of skin, lungs, kidneys, and state how impairment of one affects the other two.
2. Mention the erectil tissues of the body and explain their characteristic function.
3. What purpose is served in boiling starchy foodstuffs? Give in detail reasons for your answer.
4. Name the principal secreting organs of the body.
5. Define exosmosis and endosmosis, and give examples of such processes within the body.
6. Define physiology of pain; also of sleep.
7. State in detail difference in function of right and left side of heart.
8. Describe the appendix vermiformis, and state anatomical relations and what you know about it physiologically.
9. Name four fluids of body which are secretiv, and four which are excretiv.
10. State number of temporary teeth and time at which they usually appear.

OBSTETRICS.

1. State causes and treatment of mammary abscess, and what results in a case left without treatment.
2. Name bones of pelvis, and state the distinguishing character of a female pelvis.
3. Give in detail the duties of the physician to both mother and child during second stage of normal labor.
4. What procedure or manipulation tends best to prevent a perineal laceration during delivery.
5. Mention some causes of infantil convulsions, and give treatment.
6. In paralysis of fifth and sixth cervical nerves from injury to fetus during labor, what lesions may occur?
7. Give physical signs of uterin fibroid.
8. Define ectopic pregnancy; mention changes from such and give treatment.
9. State causes of antepartum hemorrhage, and measures taken to restrain it.
10. Give causes of tedious labor, and means of correcting it.

PATHOLOGY.

1. Describe condition of heart associated with aortic stenosis; also as associated with mitral stenosis.
2. With what condition of heart is infarction of lung generally associated?
3. Define ascites; give four factors that may cause it.
4. Define acute lobar pneumonia; give its stages, and characteristics of sputum during the progress of the disease.
5. Describe pathological changes resulting from ingestion of carbolic acid.
6. What is meant by cloudy swelling? Give special pathological factors.
7. Give pathological anatomy of scarlatina: simplex, anginosa and maligna.
8. Name two diseases of the skin due to vegetable and two due to animal parasites.
9. Give pathological lesions of infantil tubercular meningitis.
10. What is thrombus? Give three special factors causing it.

PRACTISE.

1. What is morphin? What are its uses in medicin? State how it may be best administered.
2. Mention two local and two general anesthetics, and state what precautions should be taken in their use.
3. What are the chief physiological effects and principal uses of belladonna?
4. Write a prescription for the administration of bromid of potass. in a vehicle covering its taste.
5. Give composition and uses of paregoric.
6. Define polyuria, and state causes.
7. Give causes and symptoms of edema glotidis.
8. Give four principal physical signs indicativ of lung consolidation.
9. Define hemiplegia, paraplegia, paralysis agitans and tabes dorsalis. Describe walk in each.
10. Describe efflorescence, and its distribution in scarlet fever, measles and varicella.

North Carolina Examination Questions.

The following are the questions put to the applicants for license at Wrightsville, July 10 to 12, 1902, and out of a class of eighty-six, seventy-two passed satisfactory examinations.

MATERIA MEDICA AND THERAPEUTICS.

Edward C. Register, M.D., President.

1. What are the medical uses of guaiacol?
2. What is diphtheria antitoxin? Give dose and method of administration.
3. What is the action of aconite on the heart?
4. Give symptoms of antimony poisoning.
5. What medicins are incompatible with calomel?
6. What does a Seidlitz powder contain?
7. Describe the physiological action of heroin.
8. How would you treat a case of arsenic poisoning?
9. How many minims of tr. of opium are equal to one grain of powdered opium? How much paragoric is equal to one grain of powdered opium? What is the equivalent strength of morphia in each?
10. What is the differential diagnosis between alcoholic narcosis and uremic unconsciousness?

ANATOMY.

J. Howell Way, M.D., Waynesville, N. C.

1. With what bones does the longest bone in the body articulate?
2. Describe the inferior radio-ulnar articulation.
3. Describe the right ventricle of the heart.
4. Trace the course of the blood current from the right auricle to the great toe.
5. Locate the valves of the heart in relation to the external surface of the chest wall.
6. Describe the ischio-rectal fossa.
7. Describe the nerve which supplies motion to the muscles of mastication.
8. Given a moderately distended bladder, how far above the symphisis pubis may an incision be made thru the abdominal wall without injury to the peritoneum?
9. Outline the course of the radial artery on anterior surface of forearm.
10. Describe the male urethra.

PHYSIOLOGY.

T. E. Anderson, M.D., Statesville, N. C.

1. Describe a complete nerve; (a) name different kind of fibers and function of same; (b) do nerves possess the power of generating force in themselves? Explain.
2. Describe course of saliva; name ferment and uses; also chief nerve supply; (a) does increast vascularity increase the flow of saliva?
3. The organs of Corti, where found, and supposed function.
4. Define glycogen, where found, its uses and destination.
5. Is respiration purely a voluntary act? Explain.
6. What effect follows section or injury of the semilunar canals?
7. Explain nervous mechanism of deglutition; mention nerves concerned.
8. Give reaction of pancreatic juice, ferments, and part played in digestion by each.
9. Source of the corpuscles of the human blood; relativ number of each; their office; what is diapedesis?
10. Where and how do the various types of food, when digested, enter the blood?

SURGERY.

D. T. Tayloe, M.D.

1. What are the anatomical varieties of hemorrhage? What are the clinical varieties of hemorrhage? What is the general or constitutional treatment of hemorrhage in cases of collapse or threatened death?
2. Describe the general principles to be adopted in ligating arterial trunks in continuity, whether for injury or disease.
3. What are the indications for laparotomy in abdominal wounds?
4. Under what circumstances may careful sounding fail to detect stone? How may vesical calculi be treated, and what circumstances guide you in the choice of operation?
5. Classify fractures of the skull. What is the pathology of fracture?

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6. Give the differential diagnosis between supra-condyloid fracture of the humerus, and backward luxation of the radius and ulna.
7. Name the dislocations of the hip joint. What symptoms characterize the backward luxations?
8. Compare briefly the symptoms and lesions of arthritis and synovitis.
9. What is septicemia? In true septicemia how does the blood in general become infected?
10. How do you prepare patients for the administration of anesthetics? How do you administer ether? Under what circumstances is chloroform preferred to ether?

OBSTETRICS, PEDIATRICS AND GYNECOLOGY.

Albert Anderson, M.D., Wilson, N. C.

1. Describe the management of labor in twin births and mention the main points for consideration.
2. Difference between abortion and premature labor. Indication for the induction of either, and the methods employed.
3. Toxemia in pregnancy. Tell what it is and give prophylaxis and treatment.

PEDIATRICS.

1. Adenoid growths. Give etiology, pathology, symptoms, diagnosis and treatment.
2. Pavor nocturnus. What is it and from what does it proceed?
3. Meningitis. What produces it? Give its symptoms, prognosis and treatment.

GYNECOLOGY.

1. Give the different ways of making a physical examination and the positions of patient.
2. Give details of preparing a patient for an abdominal operation.
3. Acute gonorrheal endometritis. Give cause, symptoms, diagnosis and treatment.

PRACTISE OF MEDICIN.

J. C. Walton, M.D., Reidsville, N. C.

1. Causes, symptoms and treatment of cerebral embolism and thrombosis.
2. Causes, symptoms and treatment of acute uremia.
3. Name the conditions both physiologic and pathologic in which we find leucocytosis.
4. In measles, chickenpox, smallpox and scarlet fever, give period of incubation; mode of onset; when rash appears; character of rash, character of desquamation, complications and sequelae.
5. Differential diagnosis between hysteorid convulsions and epilepsy.
6. Differential diagnosis between mitral regurgitation and functional and harmless murmurs.
7. Differential diagnosis between chronic gastritis, gastric ulcer, and gastric carcinoma.
8. Describe the clinical forms of dysentery and differentiate between them and give briefly the essentials of treatment.
9. Tabulate chief causes of ascites, edema of lungs, cardiac hypertrophy, albuminuria, hemoptysis, jaundice and hematemesis.
10. Name the specific micro-organisms of typhoid fever, malaria, meningitis, croupous pneumonia, diphtheria, gonorrhea, cholera, yellow fever, influenza, relapsing fever, ulcerative endocarditis, membranous croup, broncho-pneumonia and tuberculosis.

CHEMISTRY.

Dr. T. S. McMullan.

1. When are substances "isomorphus?" What is a colloid substance?
2. What is osmosis? What substances are most likely to dialize, and which have no such tendency?
3. What is meant by "chemical affinity?" What physical forces tend to decompose compound substances?
4. What is chemical "analysis," and what is chemical "synthesis?" Mention the elements existing in the gaseous state.
   What is organic chemistry according to modern views, and mention the four chief elements entering into organic compounds.
6. To what chemical group does glycogen belong? State where it is found, its properties and how acted on by dilute acid.
7. Why are astringent liquids useful in poisoning by vegetable alkaloids? What is antitoxin?
8. What is a proteid? What is a peptone? State the characteristic chemical difference between the two.
9. State in a general way the chemical difference between animal and plant life.
10. Describe Trommer's test for sugar in urin. What precaution must be observed, and state the chemical reaction if sugar be present.
(Any test for sugar may be substituted for one askt.)

Recent Books.

A Treatise on Diseases of the Skin. For the use of advanced students and practicians. By Henry W. Stelwagon, M.D., Ph.D., Clinical Professor of Dermatology, Jefferson Medical College and Woman's Medical College, Philadelphia; Dermatologist to the Howard and Philadelphia Hospitals. Handsome octavo of 1,125 pages, with 220 text-illustrations, and 26 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $6.00 net; Sheep or Half Morocco, $7.00 net.

Treatment has been detailed with unusual clearness and accuracy. The clinical and pathologic aspects are elucidated by a large number of very beautiful illustrations, mainly from the author's own collection, besides a number of colored lithographic plates of exceptional merit. It is a superb work in every detail; not expensiv; not too voluminous. It exactly fills the need of the general practician.—A. L. R.

Saunders' Medical Hand-Atlases.

Atlas and Epitome of Abdominal Hernias. By Privatdocent Dr. Georg Sultan, of Gottingen. Edited, with additions, by William B. Coley, M.D., Clinical Lecturer on Surgery, Columbia University (College of Physicians and Surgeons). With 119 illustrations, 36 of them in colors, and 277 pages of text. W. B. Saunders & Co., Philadelphia and London. 1902. Cloth, $3.00, net.

This new addition to Saunders' series of Medical Hand-Atlases covers one of the most important subjects in the domain of medical teaching, since these hernias are not only common, but the frequent occurrence of strangulation demands quick and energetic surgical intervention. While the well-known work of Macready will always remain a classic, it has never made any claim to deal with the operativ side of the subject, and this is a side that, during the last decade, has been steadily growing in importance, until now it is essential to have a book treating of the surgical aspect of the subject. This present atlas does this, and without question, will prove of great value to the general surgeon and practician. The illustrations are not only numerous, but they excel in accuracy. Indeed, like all the other numbers of this excellent series, the work is a worthy exponent of our present knowledge of the subject, and in its field is unrivaled.

A Brief of Necroscopy and Its Medico-Legal Relations. By Gustav Schmitt, M.D. 3¾ x 6¼ in., leather, 186 pp. $1.00, net. Funk & Wagnalls Company, New York and London.

This pocket manual has been prepared to meet the special needs of physicians, lawyers, and expert witnesses. It supplies in brief form, all practical facts connected with the study, diagnosis, technique and the medico-legal aspect of a post-mortem examination. To the physician the advantage of the book is apparent. Dr. Schmitt's little manual can be slipt into the pocket to serve as a complete guide for whatever emergency may arise. It prepares him to give testimony, and so saves him from the badgering of attorneys and the criticism of the general public.

A Manual of Otology. By Gorham Bacon, A.M., M.D., Professor of Otology in Cornell University Medical College, New York. With an introductory chapter by Clarence J. Blake, M.D., Professor of Otology in Harvard Medical School, Boston. New (3d) edition. In one handsome 12mo volume of 437 pages, with 120 engravings and 7 plates in colors and monochrome. Cloth, $2.25, net. Lea Brothers & Co., publishers, Philadelphia and New York.

The subject of otology is too much neglected by the general practician, for from it he might

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derive considerable revenue, and benefit many patients who cannot consult a specialist. Much of the therapy and many of the operations are not at all difficult; not a great number of instruments are required, and sufficient skill comes from knowledge and a little practise. Instruction along such lines is the aim of this book. It is inexpensiv, yet comprehensiv; it is concisely written and well illustrated. It is not a cyclopedia, but all common diseases are fully considered in a manner to fit any intelligent practician to conduct the case successfully. This edition is better than those preceding, and embraces the latest thoughts of the best specialists of America and Europe. Valuable for any student, it will grace the shelves of any practician, general or specialist. A few such illustrations as tongue depressor, tonsillotome, pus basin, Gruber's speculum, and the tuning fork, seem somewhat superfluous, but they take up little space, and in no way detract from the merit of the book.—A. L. R.

The Eclectic Practise in Diseases of Children. For students and practicians. By William Nelson Mundy, M.D. 12mo, 631 pp., cloth, $2.50, net. The Scudder Brothers Company, publishers, Cincinnati, Ohio. 1902.

The work is divided into three main heads: Infantil therapeutics, care and management of infants, and diseases of childhood. There are twenty-two chapters and a quick working index. The author drew his inspiration from "Scudder's Diseases of Children," but he has given us a newer and better work, because he has retained the old valuable features and discarded the obsolete ones, while adding all new material of value. No better book of equal size, for the eclectic, will be written for a long time. Where the eclectic belief conflicts with the tenets of other practicians, he does not use abusiv language, but simply ignores the opposition; this is the weakest point in the book, for a fair discussion of antitoxins and like subjects could not hurt any student. He explicitly states that when he refers to vegetable remedies, he means to indicate the "specific medicin, these preparations being the only plant liquids we use in our practise."—A. L. R.

Blakiston's Quiz Compends. No. 18. Special Pathology. By Alfred Edward Thayer, M.D. With 34 illustrations. Publisht by P. Blakiston's Son & Co., Philadelphia. Price, 80 cents, net.

Contains 314 pages and an index. It treats of those special indications often overlookt by other compends and even the larger works. The illustrations are taken from the best authors, and are clear and distinct. Prof. James Ewing's Clinical Pathology of the Blood has been quoted freely on that subject. Dr. J. C. Johnston, of Cornell Medical College, has written the entire chapter on Pathology of the Skin. It is a complete and admirable little work well entitled to stand by older and more voluminous works.—A. L. R.

The Principles and Practice of Bandaging. By Gwilym G. Davis, M.D., of the University of Penna. and of Gottingen; Surgeon to the Episcopal, St. Joseph's, and Orthopedic Hospitals. Illustrated from original drawings by the author. Publisht by P. Blakiston's Son & Co., Philadelphia. Price, $1.50, net.

There are many works on minor surgery and bandaging, and there is need of all; for few doctors can, or will, place a neat bandage. This is the best moderate priced work on this minor art we have ever seen. The illustrations are new and unique in conception. Every possible scientific application of a bandage is detailed and illustrated. A superb little work which has our highest commendation.—A. L. R.

Massage and the Swedish Movements. By Kurre W. Ostrom. Fifth edition, revised and enlarged. With 115 illustrations. Publisht by P. Blakiston's Son & Co., Philadelphia. 1902. Price, $1.00.

This little book has had a wonderful success both because of its concise completeness and intrinsic merit. It explains the system in detail. Every physician who has neglected this important agency needs to give it attention. It contains 181 pages; the illustrations, while not elaborate, are clear and distinct. Any practician can take this book and become an expert himself, or train others as well as they can be instructed anywhere.—A. L. R.

Our Monthly Talk.

A single taxer tells me that the coal lands in the anthracite coal regions of Pennsylvania are taxt at $2.50 per acre, while their value is about $1,000 per acre. He puts it very strongly, that if the many thousands of acres of coal lands (the Reading Company alone owns 951,144 acres) owned and held in reserve (in order to maintain the monopoly) by the coal corporations were taxt at their real value instead of the merely nominal value of $2.50 per acre (one-four-hundredth part of the real value), the coal barons could not afford to hold so many thousands of acres out of use, hence could not maintain the monopoly.

These facts throw much light on the problem, but the single taxer's plan would not entirely solve the problem. The railroads control the coal situation, and they own most of the coal lands, either directly or by means of subordinate corporations organized and controled by the railroads. Monopoly of transportation alone would control the situation as effectually as monopoly both of coal lands and of transportation now control it. Government ownership of the railroads, which would open transportation facilties to all on equal terms, would "bust up" this trust, as well as many others. Also, let us have just and equal taxation, by all means; particularly on land. New Zealand has a progressiv land tax, by which large holdings are taxt more heavily than small holdings, and entirely exempting from this tax, homes up to a certain value. This plan breaks up large estates, discourages land greediness, makes it too expensiv to hold land out of use for purposes of monopoly or speculation, and encourages the establishment of homes.

* * * * * *

The power to hold large tracts of land out of use, particularly coal and iron land, for speculation or monopoly purposes, is one of the great advantages of the coal trust and the steel trust. This power would be taken away by just taxation on the value of the land. I was surprised when I learned that Mr. Schwab values the assets of the steel trust as follows: Ore mines and ore lands, $700,000,000; steel works (includ-

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ing the land on which they are located), $300,000,000; transportation facilities, $200,000.000. If I were a betting man I would be willing to wager against great odds, that the steel trust does not pay taxes on $700,000,000 of land value. We have seen that the coal trust people pay only one-four-hundredth part of the land value which they hold, for the most part out of use, in order to maintain their monopoly. The simple measure of taxing the land of the coal trust and the steel trust at the valuation of the owners, would make it difficult for these corporations to hold so much of God's earth out of use. They would, before long, have to let go of a part of this land, and let somebody else have a chance. But, strangely, Pennsylvania places no state tax on real estate; that is left to the cities, towns and counties. In Philadelphia the tax on real estate is high enuf ($1.85 per hundred); but out in the counties where these coal and iron lands are located I suppose the corporations are powerful enuf to have their own way. I suppose they pay the same rate of county taxes that the farmers there pay, but the assessments are at a nominal value only, and not the real value. It would be fair to let coal and steel corporations assess the value themselves, subject to sale at the same value, or say at a 10 per cent advance, if anybody wants to buy.

New Zealand gets in on the land grabbers by a Colony tax on estates with a land value of over $2,500, and the rate of taxation increases as the valuation increases. If the owner contends for a lower assessment than placed on the land by the Government, the Government offers to buy at its assessment; if bought in, the Government divides the estate into small homesteads and sells them, usually at a profit, never at a loss. Thus the tendency is toward fewer large estates, and more homes and small farms for the many. The same would apply there to coal trust lands, and steel trust lands; but here, our National constitution forbids direct taxation (except in proportion to the population of the various states, which is impossible), and there is no uniformity in the methods and extent of taxation by our different states and counties.

An amendment to the National constitution permitting direct taxation as may be levied by Congress in its wisdom, would make possible a National land tax similar to that of New Zealand. Such a law applying only to holdings by an individual or a corporation of land value to the amount of $1,000,000 or more, would reach the above named trusts, and would bother but few if any private individuals. It would not affect industry at all; for only land value (and land is not made by man) would be affected. The President, in his Providence and Boston speeches, hinted at a constitutional amendment to enable the National Government to deal with the trusts more effectivly. Was this the idea he had in mind? We wish he had said just what he meant. Some months ago I proposed an amendment to our National constitution to the effect that: *On petition of 500,000 voters, any proposed amendment shall be submitted to a direct vote of the people at the next general election; and if a majority of those voting on the amendment favor it, it shall then become a part of the constitution.* In this way the constitution could be amended to meet the wishes of the people, by the people themselves. At present, amending the constitution is a long and difficult process. It is now out of harmony with present needs and present sentiment. The income tax decision, and the President's recent speeches are evidences of this; also the powerful sentiment that has arisen in our profession during the last few years in favor of a National medical law, and a National medical examining board. The constitution stands in the way of many things that the people need and want, yet the amending of the constitution is almost a hopeless task. Let us, by a supreme effort, get the above suggested amendment, after which the constitution will be easily adjustible to new needs as they arise.

There is nothing radical in the above suggestion. All our state constitutions (except that of Delaware) have been adopted by a direct vote of the people; and none of our state constitutions (except that of Delaware) have been or can be amended except by a direct vote of the people. Then why not adopt the same method in amending our National constitution? The people of the Nation act together every two years for the election of congressmen, and every four years for the election of president and vice-president; but it is almost impossible to get three-fourths of our state legislatures to act together. This, and the difficulty of getting both houses of Congress to act together is what makes a constitutional amendment so hard to get. The House of Representatives have twice (the last time unanimously) passed a bill in favor of an amendment providing for the election of U. S. Senators by a direct vote of the people of the respectiv states, and many state legislatures, including that of staid old Pennsylvania, have passed resolutions favoring the same; but the Senate stands like a wall against such an amendment. The people should obtain for themselves the right to propose and adopt amendments; then we can deal with trusts, or with any other question that may arise.

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I wonder what Mr. Schwab means by "transportation facilities $200,000,000" as a part of the assets of the steel trust. Does he mean that the steel trust has certain contracts with the railroads that are worth $200,000,000 to the trust? If so, that is another proof that in order to control the trusts we must control the railroads. The best way to control the railroads is to *own* them. At present, it seems that the trusts, thru the railroads, own us. We, thru ownership of the railroads, could control the trusts. No steel company can compete with the steel trust as long as the trust controls the railroads. This is so plain that "a blind man can see it."

* * * * *

In figuring up the assets of the steel trust Mr. Schwab forgot to include the "protectiv" tariff. The fact is, that is one of his most valuable assets. We gave it, and we are paying for it. Without the tariff the trust could not make such immmese profits. We pay the extraordi-

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nary profits. Sales abroad are made at presumably normal profits, as the tariff does not "protect" there. Prices charged by the steel trust right here in our own country are much higher than the prices charged abroad, tho there is no ocean freight to pay. The tariff makes this possible. Thus we have to pay a price which yields an extraordinary profit, making the large dividends on their ocean of stock possible. Only $300,000,000 of the capitalization, out of $1,200,000,000, represents steel works; yet large dividends are paid (they say "earned") on the entire capitalization. In this connection the following clippings will be of interest:

From a treasury report recently made public the New York World takes the following figures showing the value of exports for 1901 of the seven leading classes of American manufactures. In the last column appears the average ad valorem duty on imports of the same class of manufactures:

Exports of	Value.	Duty, per cent
Iron and steel	$18,812,328	43.58
Copper	41,454 074	45.00
Leather	21,211,088	35.68
Agricultural implements	10,494,530	20 00
Chemicals, drugs and dyes	6.741,068	31.69
Wood	5 595,256	21 29
Paper	2.920.048	35.00

The World adds: "It thus appears that of these seven classes of manufactures we export to Europe alone goods to the value of $132,000 000 a year, paying the ocean freight thereon and selling them at prices as low certainly, probably lower than those of the foreign manufacturers in their home markets. To North America, South America, Asia, Africa and Oceanica we send these same classes of our manufactured goods in large quantities, paying the ocean freight in many cases for distances three times as long as the distance from New York to Liverpool. Our exports of iron and steel manufactures alone to the other divisions of the world were valued for 1901 at $72,506,403, not far from double the value of our iron and steel exports to Europe—and in some markets protective duties as well as ocean freights were overcome." The World hits the nail on the head when it says that "these duties are not levied to protect our trusts in the home market. They can serve but one purpose—to make these American manufactures dearer to Americans than to foreigners. These are the duties which the Iowa republicans say 'afford shelter to monopoly' and which democrats would reduce or repeal."

The Chicago Tribune, republican, in an editorial declares: It is a notorious fact that some of the tariff schedules do afford shelter to monopoly. That is, they permit certain trusts or combines to exact from domestic consumers unreasonably high prices for their products—prices higher than could be exacted if the tariff afforded no more protection than is necessary to enable the American producers to compete on even terms with their foreign rivals.

As some trusts make an illegitimate use of the protection they enjoy, why should the republicans of Iowa and of the United States hesitate to say so? Why should not they promise to deprive the trusts of a shelter they are abusing?

The New York Sun directs attention to House bill No. 15,109. This bill was introduced by a democrat, Mr. Richardson, of Tennessee. The bill was as follows:

Be it enacted, etc., That when it is shown to the satisfaction of the President and Secretary of the Treasury that articles and commodities are manufactured and controled or produced in the United States by a trust or trusts, the importation of such articles and commodities from foreign countries shall be free of duty until, in the opinion of the President and Secretary of the Treasury, such manufacture, control or production shall have ceased.

Sec. 2. That when it is shown to the satisfaction of the President and Secretary of the Treasury that any article or commodity which is manufactured in the United States is sold in a foreign country more cheaply than the price at which the same article or commodity is sold in the United States, the rate of duty on such article or commodity shall be reduced by the President and Secretary of the Treasury 50 per centum of the present rate, or to such an extent as to prevent the continuance of such irregularity and injustice, and remove the indirect tariff bounty which promotes the same.

Thus we see that there is strong sentiment, both republican and democratic, to take the tariff from the products made by trusts, the steel trust for example, as plainly no "protection" is needed. The power given by the tariff is used to extort an exorbitant price from home consumers. I wonder why the President said nothing about this method of taking from the trusts at least a part of their power to extort from the people. This can be done without a constitutional amendment.

As to publicity, a remedy for the trusts long ago proposed and now urged by the President, we have already had much of it, but it has done but little good. The complete, searching and severe "publicity" given to the Standard Oil Company, or trust, by Henry D. Lloyd's notable book, "Wealth vs. Commonwealth," did not stay the rapacity of that powerful monopoly. By the way, how many who are reading these lines have read that book? How many have read the ample "publicity" given concerning the various trusts and large corporations by the United States Industrial Commission during the last two years? What trust or corporation has been affected in the least by this publicity? Publicity is a good thing, and we want more of it rather than less; but as a remedy for the trusts it has already proven itself to be inadequate. Adequate laws and their faithful execution are necessary.

* * * * *

How large should fortunes become? Here is a question that came a long time ago, but was for a long time misplaced. It seems hardly necessary for me to answer it, but if I do not, the Doctor may think that I am an evader.

C. F. TAYLOR, M.D.; Dear Doctor:—I gather from your Monthly Talks that you dislike a system of government under which millionaires are possible. Will you then tell us how rich you think the government should let its citizens be before stopping their accumulations? G. L. LAWS.
Wildersville, Tenn., April 3, 1902.

I have never said, or even intimated, that the government should limit the size of honest and legal accumulations. In my several "Talks" on Commodore Vanderbilt's immense fortune, I did not say a word against *him*. I sought to make it plain that the public ought to reserve to itself, for the good of all the people, values which the people in their collectiv capacity create. For example, the *privileges* granted by the state to the New York Central & Hudson River Railroad make up a very large part of its value. In fact, the property would have practically no value without these privileges. No adequate return (no return at all, I think) was ever required for these privileges. This property, the value of which consisting largely of these privileges, and which finally made up the greater part of the Commodore's great fortune, were obtained from the public practically free. It was the fault of the public, rather than of the Commodore. His fortune is one of many that has been built up in the same way. Railway franchises, obtained from states usually for nothing, franchises for street railways, water works, gas, electric lights, etc., obtained from cities for nothing or for a small fraction of their value, usually by corrupting councilmen, have been and still are the basis of a very large number of the very large fortunes of this country.

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These franchises should have been limited to say twenty-one years, in which event the franchise would revert to the city or state periodically, when a new deal could be made upon terms fair to the public. But instead, many of these franchises were made perpetual, and when limited, the period was far too great. A United States patent is limited to a life of seventeen years. Why should not franchises be limited to the same period?

Dr. Laws, do you see the point? A franchise in a desert is of no value. A franchise to operate a public utility, as water, gas, street railway, etc., in a city is of great value, because of the people who live there. The value of the franchise (the right to operate, use of streets, etc.) clearly belongs to the people. The right to run a railroad thru a state, from city to city (the franchise) as clearly belongs to the people of the state. If the people had always guarded these rights, and exacted the real value for the same, there would be fewer large private fortunes. This is the moral of my comments on Commodore Vanderbilt's great fortune of $200,000,000. I hope that other readers saw this moral before; but if any considerable number did not, I am pleased to bring it out again, and more clearly. Commodore Vanderbilt was an industrious, enterprising and very useful citizen, and deserved large returns; but inasmuch as he appropriated (because he was able to) values created not by himself, but by the public, without giving to the public an adequate return (in the form of lower rates, or by the payment of a percentage of receipts into the state treasury), he got more than his just share. This is the only limit that I think should be placed on any man's accumulations—his just share of the value that he helps to create. I say "helps to create," because no man ever made a fortune by himself. Beyond this—*his just share*—I would place no limit on the accumulations of any man. I hope this is satisfactory to Dr. Laws. However, there may be wide differences, in different cases, and in the estimation of different people, as to what a "just share" should be. I have purposely taken a case in which a public utility figures prominently, because most large fortunes have come from some special privilege being granted to private parties without adequate return, by which values which really belong to the general public go to private pockets. If the franchise of the N. Y. Central & Hudson River R. R. had been limited to 17, 21, 25, 30, 40 or even 50 years, the Commodore's fortune would have been far less, and the State of New York would have been and would now be far more fortunate.

* * * * * *

Here comes another question—let them come as freely as you wish to send them.

DR. C. F. TAYLOR:—Your argument in favor of government ownership of railroads, telegraphs and telephones, always good, suggests to me the objection I hear urged, that if these great concerns were taken by the government at a fair valuation, the purchase money, this private capital, would at once go to monopolize our food, clothing and shelter supply, more than offsetting the gain to the people by such public ownership, these capitalists really utilizing the cheap freight rates, telegraph and telephone service to increase their profits, and the loss to the people by trust rates on food, clothing and shelter for daily necessary use, being many times greater than the *gain* by low-priced messages, and cheap freight and passenger fares. If this is not so, why not? This would seem a good subject for a "Monthly Talk." It is even suggested that some heavy owners of railroads, etc., having such a scheme in mind, *favor* government ownership of these "public utilities." May the WORLD readers hear from you on this phase of this question? HENRY E. WRIGHT, M.D.
Sacramento, Cal.

Dr. Wright and his friends have evidently thought deeply and concernedly on this question; but I can discover no basis for their fears. In the countries in which the railroads, etc., have been assumed by the government, there is no hint of the danger above mentioned; in fact, the opposit is the condition. The private ownership and control of the railroads in this country have distinctly fostered trusts and large corporations. Railroad discrimination in their favor and against smaller concerns, has been the basis of nearly all of them. See President Schwab's estimate of the value of "transportation facilities" (see an earlier part of this "Talk") at $200,000,000. See the great book "Wealth against Commonwealth"* for a description of the rise of the Standard Oil Co. by means of railroad discrimination. Such a thing would be impossible under Government railroads operated in the interest of all the people. No such rise of trusts and immense corporations has been witnest in countries with government owned railroads as in our own country.

As to "more capital in private lands," there would be only an exchange of Government bonds for railroad stock and bonds. There would be no more "capital" than at present.

* * * * * *

"Perfecting the Earth."

While skirting the coast of, or traveling inland in Spain or Italy, one is struck by the barrenness of the hills and mountains. While traveling there some years ago I said to myself repeatedly: "If I were the king of Spain or Italy, I would order the standing army to plant trees on these barren slopes instead of 'taking exercise' by jumping stockades and scaling walls." Timber on these hills and slopes would bring back the lost moisture in the climate; fill and maintain the rivers that have dwindled much as the centuries have gone by; create a new industry—forestry; and restore a lost resource—timber; bring back the ancient beauty, and a part of the ancient greatness of these countries. France has seen the danger in ruthless destruction of forests, and is beginning to plant again the places made barren, tho I do not know that the standing army is engaged therein. Germany, with characteristic long sightedness, has made forestry a profession, and is as careful of her trees as of her people. Trees are protected and cared for. Permission must be obtained before a tree may be cut down, and with the permission, when granted, goes the condition that a young tree must be planted in the place of the one sacrificed. As a consequence, the climate of Germany has not degenerated—nor have her people degenerated. In the Black Forest, Germany has wealth well nigh incalculable, preserved and fostered with intelligent care. It yields timber constantly, but it is so selected and

* Publisht by Harper Bros., N. Y. Price $1.

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renewed that the forest remains intact. In Spain or Italy it would have all been sacrificed many years ago—a sacrifice not only of timber, but also of climate.

In this country we are only beginning to see the folly of such sacrifices. Some of the states are beginning to pass laws looking toward timber protection, some of the prairie states encourage the planting of trees, and a few years ago the first National forest reservations were made.

A few weeks ago Dr. C. W. Wooldridge, of Cleveland, O., wrote asking me if I would review in the "Talk" department, a book which he had just publisht. I wrote him that I would like to do so, but that I have constantly a large accumulation of literature which I *want* to read, and that his book would have to take its turn and chance. He sent the book with another pleading letter, and under all the circumstances I felt that I *ought* to take an early look at the book.

Chapter i places us in the year 1913 with a standing army of 553,000 men. The people became tired of supporting such a vast army, but they realized that the disbanding of it would have serious industrial consequences—there was no employment open to such a large influx of workers. General Theodore Goodwill, who had recently come into command, proposed a plan, which resulted in the army being moved to the arid and mountainous region of our great West. There the army of destruction is changed into an army of construction. Immense dams of masonry are constructed across well selected portions of the valleys, and the water that annually goes to waste is thus held in large reservoirs, from which irrigating canals are constructed. On account of the large number of workers at practically no cost (the government had always supported the army), these works could be conducted on a larger scale than any heretofore attempted. We all know the result of bringing water to an arid region: the desert blossoms like a rose. As reservoirs and irrigation canals are completed, men are taken from these works and put at agriculture. But many other occupations and industries spring up. Coal is discovered on the "army" land, and is extensivly mined, and iron also abounds. We know the possibilities of this combination: coal and iron. This is the basis of England's greatness. With her coal and iron as an industrial basis, England became the manufactory and workshop of the world, and she covered the seas with steam craft, which left sailing craft far behind in the race. In this way she attained her industrial and commercial supremacy. So here, coal and iron in abundance opens great industrial possibilities to our industrial army. I cannot give details here (as the book does), but suffice it to say that the barren regions of Utah, Arizona, New Mexico and contiguous sections become the scene of great agricultural and industrial activity.

The army of destruction goes to a region that is now waste, and there constructs public works of surprising magnitude and usefulness, clothing the naked slopes with green, and causing the arid plains to yield bountiful harvests. Thus the army becomes not only self-supporting, relieving the nation of the burden of its support, but it does this without competing for the jobs of those already in industrial employment. New sources of wealth are developt, and as we go on further in the book we see that a new civilization has been created. The details of this we cannot enter into here; but we will say that the development is not material only. People learn how to cooperate for the good of all, extinguishing individual selfishness, because the foundation of selfishness—want or the fear of want—is cut away. There is plenty for all, and no fear of want. Where there is no need, greed dies a natural death.

The book is very interesting. The developing of the plan is very instructiv. The final disbanding of the army and the retirement of General Theodore Goodwill is celebrated on the Fourth of July, 1929. The address of the General on that occasion may be said to be the modern (or future) "sermon on the mount."

The book is a handsome cloth bound volume of 326 pages, and numerous illustrations. The Doctor wrote me that he did his best, and that the book is "the effort of his life." He has certainly done well; the book is a worthy result of his great effort. The title of the book is, "Perfecting the Earth." The price is $1.50, and it is sold by the Utopia Publishing Company, Station B, Cleveland, O.

On account of the location of the supposed operations, this book will particularly interest the residents of Colorado, Utah, Idaho, New Mexico, Arizona and California. However, its subject matter will interest readers of any and every section of the country. Some will take special delight in the engineering problems in the early part of the book; but to some, this part will be tedious. While some will read for the story, the political and sociological philosophy woven into the story is the real value of the book. The description of the New Utopia school house, in chapters 38, 39 and 40, is a wonderful creation. The golden age is yet to come. Let us all help to bring it.

Practical Points.

Some say that this fall and winter will see a renewal of last year's smallpox prevalence; so an unusual number of vaccinations will no doubt be required. It is to the interest of every physician to see to it that his vaccinations are made with a reliable vaccine. Parke, Davis & Co. have something to say on this subject this month; and also concerning anti-diphtheritic serum. See fourth cover page.

The H. K. Mulford Co. have issued their new catalog. It is a handsome book of 313 pages, completely classified. All practical physicians will be interested in this carefully compiled list. Send to H. K. Mulford Co., 412 S. 13th St., Philadelphia, Pa.

Our forefathers spun their own flax and wove their own cloth, and from it made their own garments; and they did not do any one of those

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processes as economically or as well as is done by the professional manufacturer working on a large scale with his improved machinery. The same is true of beef juice; you can make it at home, but don't you think Armour can make it better? See adv. on page 16.

Hydrozone you are well acquainted with—it is the standard: You are also acquainted with Glycozone. But Mr. Marchand makes other remedies besides those two. See his advertisement on page 16, and send for his literature.

La Grippe following typhoid fever. That, we think, about strikes this part of the year. If it has struck your practise you will be interested in I. O. Woodruff & Co.'s advertisement of Freligh's Heart Drops. See page 19.

"I have used Germiletum on a very stubborn case of eczema (hands and face), and glad to say with perfect satisfaction, a decided improvement in twenty-four hours. Have since prescribed it in a case of eczema, capitis, girl twelve years, with same happy results."—C. C. Gentry, M.D., Webb City, Mo.

The Dios Chemical Co., St. Louis, Mo., will furnish full size (14 oz.) bottle of Germiletum, free, to physicians who have not already received the same, they paying express charges.

"The entire freedom of Gray's Tonic from anything like drug effects, is one of the strongest reasons why the best element of the medical profession have adopted it for routine administration in all conditions associated with impairment of general health." See advertisement on page 31.

Prof. William Osler, of Johns Hopkins University, Baltimore, will deliver a memorial address on "William Beaumont, the first and greatest American physiologist," under the auspices of the St. Louis Medical Society of Missouri. The lecture takes place at the Odeon, on Saturday, October 4, at eight o'clock, p. m.

Colden's Liquid Beef Tonic is probably one of the best known remedies of its class. If any of our readers have not yet tried it they will be interested in the advertisement on page 31. To quiet the irritable, nervous condition occurring in so many diseased conditions of almost all kinds, a good, reliable tonic with real food value is a very desirable adjunct.

That reliable firm—McKesson & Robbins, of New York—is addressing you this month on hay fever. We very much doubt if many physicians can feel that their treatment of hay fever is entirely satisfactory. The hay fever cases recur each year with painful regularity. So all having such cases will be interested in McK. & R.'s notice on page 26. Send for their literature on the subject.

Papine. "In discovering this drug Battle & Co. has conferred a lasting favor on the medical profession. We know the opium of which they make their Papine is the best. Papine has a place in my medicin case and it is emptied as often as any vial in the whole case. I nearly always have a bottle with my obstetrical cases for after pains, and always feel like it will do the work. I used it lately on a case of threatened abortion with excellent results, also in a case of severe uterine colic. I find that with Papine I do not have to use my hypodermic springe so often."

Wyatt, Texas. W. E. RUSSELL, M.D.

"There is nothing better for any case of constipation than Abbott's Saline Laxativ, and the physician's office should never be without it. It is the remedy par excellence."

Archibald, Ohio. I. L. COY, M.D.

"I have used Abbott's Saline Laxativ and find it very beneficial in sick headaches, dyspepsia and other stomach and bowel troubles. I am now using it in a case of stomatitis. It is working well." J. P. COMPTON, M.D.

Flag, Mo.

"I regard Seng as one of the best, if not the best remedy that I have ever had experience with in all dyspeptic and gastric troubles. I have been practising thirty five years, and thus you will see this is saying much for a remedy. Its action is slow, but I deem this is all the better:"—D. W. Tice, M.D., Troy, Mo.

When you have a patient needing a refreshing and at the same time a stimulating and nourishing drink, have you thought of Welch's Grape Juice? If not, it will pay you to read their advertisement on page 20.

There is nothing that ranks higher in sick-room dietetics than Valentine's Meat Juice. In hundreds of varying conditions it is indicated, and will be found to be just what is needed. If you have any cases on hand that cannot take nourishment in any form that you can think of, try Valentine's Meat Juice. See advertisement on page 2 for its use in typhoid fever.

"Practically every pregnant woman can be made comfortable by its use." Quoted from the Gynecine advertisement on page 13.

"No Acids or Liquids," "Always Ready," "We Allow Physicians a Discount of 25 per cent on this Instrument." These are some of the headings from an advertisement that will interest you. See it before you buy your new battery. Williams on page 8.

In your throat and nose practise do not think that anything that happens to be antiseptic will do the work. In this connection see Kress & Owen's little talk on page 27 concerning the "Comparativ Effect of Acid and Alkaline Solutions on the Fibrin of the Tissues and Blood."

Be up-to date in the equipment of your office. Articles like the new washstand advertised on page 13 are not expensive; they are almost a

(Continued on page 18.)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

O. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

> Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

A New Function of Local Medical Societies

The Philadelphia County Medical Society "made history" at its quarterly business meeting on the evening of October 15, 1902. The by-laws were amended in a way to provide for the employment of an attorney by the year, whose duty it will be to represent the Society in all suits and threats against its members for malpractise, assist the district attorney in prosecuting illegal practicians, and represent the Society in all other legal affairs. However, originality or priority cannot be claimed, as the New York City Medical Society did the same thing last spring, and the plan is working nicely over there. This step marks an epoch in the history of the society, and it is hoped that every other local society will make a similar epoch in its history. This measure binds the members together for mutual protection as they were never bound together before. Flourishing insurance companies now exist for the purpose of insuring medical men against suits for malpractise. At much less cost (the yearly dues are now $4.00 per year, but they will probably be advanced to $5.00), the members of the Philadelphia County Medical Society will have much better protection than an insurance

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company can give, for each member will have the moral support of the entire society, including the help of any members that may be called on to act as expert witnesses, as well as the salaried attorney, and all the other advantages of membership in the society, all for a single and very moderate annual fee. It is strange that this wonderful possibility was not discovered long ago. The binding together of the members of the medical profession for mutual protection against malicious prosecution is a new and wonderfully pleasing spectacle. Every local society in the country can do the same thing. Medical societies in the past have done much for the profession scientifically and socially. Here is an additional field of mutual service and protection. As these features are added to the functions of medical societies, their membership will increase, until every respectable and desirable practician is "gathered in."

Febril Urin.

The text-books are generally satisfied, in describing the urin of febril diseases, to say it is "scanty and high colored." It has a much greater importance than the space given it; it oftentimes gives warning of the advance of complications; it even sometimes would presage death *if examined properly.*

The color of febril urin depends upon the height of the fever, the state of metabolism and tissue waste, and the amount of toxemia present. It is, furthermore, due to the fact that the normal solids, especially urea, are both relativly and actually increast, while the watery element is diminisht. The urea has been known to reach as high as 85 grams per day. At the outset of a given disease the color is high, the quantity small and the reaction intensly acid. The chlorids are always absolutely diminisht. In acute febril attacks of short duration there may not be any albumin present, but if the fever is very high and the attack prolonged, albuminuria always exists (Ogden). As the temperature falls the amount of urin increases, and polyuria is not an infrequent accompaniment of convalescence. As convalescence begins, the solids diminish, altho the patient is taking more food. Nature tells us she is replenishing her storehouse for the return of health. In the acute stage, there is a steady and progressiv diminution of all the solids; death may be prognostigated. Sometimes a few days before death, even less than a total of 10 grams are excreted. In acute diseases, complicated by serous exudation, the chlorids are less in quantity than if no exudation be present, or may disappear entirely. There is less urea in cases of serous exudation, tho it may still exceed the normal amount.

Scientific Urinary Examination by the General Practician.

There is no function of the human organism more essential to health than a properly working urinary system; and no other excretory organ is more delicately constituted as the kidney; and perhaps no other organ and its functions are less understood and consequently more neglected by the average practician. The purpose of this series of articles is to give in condenst form what the best authorities have to say in their latest issues regarding the application of modern tests for the more common evidences of disease, and to give it in such manner that any physician may equip himself for a proper examination of any specimen submitted to him.

Office Equipment.—Good light is an essential; a clear window by day, and a good lamp for night work. A sink with close-joints and a waste pipe long enuf to convey the drainage sufficiently far away from the office. Hot and cold water pipes are convenient, but in lieu of them a large bucket answers the purpose. Such things are found in every well equipt office; so we will speak of the special equipment:

1. A dozen assorted test tubes, in a rack, with a brush or swab with which to cleanse them. (The rack is quickly made by a block of wood and a few augurs, and there is no better cleanser than a piece of sponge wrapt around a small stick and tied firmly with a few turns of fine thread.)
2. A spirit lamp and a little alcohol.
3. A fluted urinometer or specific gravity bottle, with certificate.
4. A few wine glasses or graduates to be used only for urinalysis.
5. A urea apparatus.
6. A large and a small glass funnel.
7. Some filter paper cut in circles of 4 and 8 inches diameter.
8. Some red and blue litmus paper.
9. A few glass rods.
10. A few pieces of assorted sizes glass tubing.
11. An evaporating dish.
12. A few watch glasses.
13. Platinum wire in a glass rod.
14. A piece of platinum foil.
15. A set of 50 cc. burettes graduated in $\frac{1}{10}$ cc.
16. A burette stand with clamp.

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1 A retort and stand.
1 A tripod and cover of copper gauze.
1 A water bath.
1 Wooden test tube holder.
1 A 500-centimeter wash bottle.
1 Three pipettes, 5, 10 and 50 cc.
1 An Esbach's albuminometer.
1 A good thermometer.
1 A good microscope with objectivs such as Leitz 3, 5 and 7, and eye pieces 1 and 3; an Abbey condenser; and a 1/12 inch oil immersion lens, with glass slides and cover glasses, cedar oil, and Canada balsam in solution.
1 A centrifuge; not absolutely necessary, but convenient.
1 A record book and pencil.
1 An ounce of chemically pure sulfuric acid.
1 An ounce of chemically pure nitric acid.
1 An ounce of chemically pure hydrochloric acid.
1 An ounce of chemically pure acetic acid.
1 Ammonic hydrate.
1 Sodic hydrate.
1 Fehling's solution.
1 Esbach's reagent.
1 Distilled water (obtain from exhaust pipe of engin or mill if not convenient to make or purchase.)
1 Caustic soda.
1 Common salt.
1 Chromate of potassium.
1 Sulfate of ammonia.
1 Sulfate of magnesium.
1 Containers for the drugs, with ground glass stoppers and glass labels.

Not all of the above are absolutely necessary, but all are needed at times, and except the microscope, inexpensiv, representing an outlay within the reach of any practising physician.

Yvon & Berlois have constructed the following table as representing the average constituents of the urin passed each twenty-four hours:

	Male.	Female.
Quantity	1,360 cc.	1,100 cc.
Specific gravity	1,022	1,021
Urea, per liter	21.5 grams	19.0 grams
Urea, per day	25.6 "	20.5 "
Uric acid, per day	0.6 "	0.57 "
Phosphoric acid, per day	3.2 "	2.6 "

The entire quantity passed in the twenty-four hours should be mixt and accurately measured. Care must be taken to keep the vessel clean and perfectly free from dust or other foreign substances. It should be kept cool and must be examined within twenty-four hours unless some preservativ (which should only be used in case of necessity) be added. If a preservativ be necessary, three drops of formalin or an ounce of a saturated aqueous solution of boric acid will suffice. In certain small proportion of cases it is desirable to collect and examin the urin of the day and that of the night separately, in which case each bottle should be carefully labeled and kept separate. The normal variation in quantity may be stated to be from 1,200 to 1,600 centimeters (in the male adult), owing to fluids ingested and other circumstances. In renal disease it is often necessary to make daily measurements for a period of from one to three weeks before an accurate estimate can be made of the average daily quantity.

Diminisht quantity is due to:

1. Small amount of fluid ingested.
2. Excessiv perspiration.
3. Fever.
4. Diarrhea.
5. Excessiv vomiting.
6. Activ hyperemia of kidneys.
7. Passiv hyperemia of kidneys.
8. First and second stages of acute diffuse nephritis.
9. Subacute glomerular nephritis.
10. Approaching death in all diseases.

Increast quantity is due to:

1. Large quantity of fluid ingested.
2. Diuretic treatment.
3. Nervous excitement and some diseases of the nervous system (frequent in hysteria and temporary in cerebral hemorrhage).
4. Diabetes mellitus.
5. Diabetes insipidus.
6. Convalescence from acute diseases.
7. Convalescence from acute diffuse nephritis.
8. Chronic nephritis; both interstitial and diffuse.
9. Amyloid infiltration.

The Technic of Vaccination.

Most physicians become highly indignant when their ability to perform vaccination properly is called in question, but we have seen many more vaccinations faultily done than were rightly performed. All know that death from scratches and abrasions are not unknown. We may call it the simplest of operations, but it is an operation, and the modern method is vastly different from that in vogue ten years ago. We no longer have the right to scrape, cut and stab our writhing patient till a large area has been denuded of cuticle.

It is just as easily done right as it is dong wrong. Wash a small area with soap and water and dry with aseptic absorbent cotton. Use no antiseptic of any kind during the operation. With a clean needle or a scalpel denude ¼ to ½ square inch of surface until the serum commences to appear; *then stop* before the blood flows. If the tube is used, allow the serum to flow gently upon the denuded area; if points are employed, the virus is gently rubbed into the scarification, for any force will cause the blood to flow and imperil the results. The serum should be allowed to dry, caution being used that it is not contaminated by any external object. It may then be covered with a piece of steril gauze bound over the wound. A convenient plan is to lay a small clean cork on either side of the wound and run a

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strip of adhesiv plaster over them in such a way that it is held up from the abrasion; the whole is then covered with the gauze bandage. With this method absolutely nothing can touch the wound, not even gauze. Others use large bunion plasters and cover them with a strip of adhesiv plaster. Others employ the commercial protectors, sold by all manufacturers of virus, but these should be condemned, unless the protector is covered by aseptic gauze. Otherwise, the holes left for ventilation admit lint from the underwear, which is very likely to infect the wound. The wound should be *protected;* and these so-called "protectors" are really traps for infection, in the way they are usually used. Really, there is nothing better than simply a piece of aseptic gauze bound directly on the wound, or held in place by strips of adhesiv plaster.

Vaccination is the only method recognized by authority for stamping out the dreaded smallpox. Not only Pennsylvania, but many other states are reporting large numbers of cases, and it is the duty of every doctor to perfect himself in this simple procedure. The doctor and the patient are oftener at fault than the virus. The Pennsylvania school law now allows the school board to compel vaccination of every child every five years, or to exclude the child from school, or a fine of $1.00 per day, or imprisonment of the parent refusing to comply. With the cooperation of doctors who can vaccinate properly, the disease should be controled.

Hysteria.

The true nature of hysteria has long been one of the mysteries of medicin, and its treatment is one of the most vexing problems which confront the practician. Formerly, hysterics were deemed only silly fools who took a fiendish delight in troubling busy doctors, neglecting to pay their bills, and abusing their medical counselor between attacks. We now know that if many are to be blamed and treated harshly because they are senseless simulators, others are to be pitied and relieved with the greatest tenderness. Those who sham hysteria generally have, if any, only minor complaints and suffer little except when they realize that they have not "fooled" the doctor. The true hysteric suffers honest agony, and viewing her torture, one can not appreciate how she would prolong it voluntarily for no other possible reward than notoriety and the instigation of morbid curiosity, seldom tempered by any real sympathy. The hysteric patient is repulsiv to most practicians, and even the laity appreciate our disgust so much that we do not dare to use the word in the presence of the patient or the friends. He was a medical genius who coined the word "neurasthenia;" it is genteel, and no stigma attaches to it.

We regret that the word "hysteria" has passed into disrepute, even if "neurasthenia" will cover all cases, for both hysteria and neurasthenia exist as separate and distinct conditions. Until our "coarse and blundering tools of microscopes" reveal to us the flight of thought and motive, we should be satisfied to pose as physician students rather than self-constituted judges. One of the best definitions of hysteria is given by Thompson, in Practical Medicin, publisht by Lea Brothers & Co., Philadelphia, where he says, on page 865: "Hysteria is a state of the nervous system resembling a combined psychosis and a neurosis in which exaggerated ideas result in inhibition of mental volition and alteration in functions. The condition appears to be purely functional, as no organic lesion exists." The pampered child of wealth is apt to develop hysteria; it is seldom seen in the homes of the poor except as a sequel of alcoholism or heredity. It is by no means rare in the male, but is most frequently seen in neurotic and anemic females between the period of puberty and the age of 30, only a very few cases developing after that age, and then they are generally connected with a natural, abnormal or artificial menopause. Almost any symptom may develop in the course of hysteria, but the manifestations are much milder when the patient thinks herself unobserved, and always disappear completely under complete anesthesia. The possibility of extremely high temperatures in hysteria is admitted by some clinicians and denied by others; the use of an anesthetic should determin any given case.

Organic nerve lesions are the only conditions from which hysteria is difficult to differentiate, the latter presenting the globus hystericus, anesthetic or hyperesthetic areas, limited visual field, possible paralysis, and in severe cases contractures, together with an unmistakable mental

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condition; the symptoms promptly returning after complete disappearance under anesthesia.

In contra-distinction, the patient with organic nerve lesion is not affected by anesthesia further than the effects of the drug itself extend. If paralysis be present, it is apt to be unilateral, and the reflexes are exaggerated or annulled. If the hysteric has never heard of reflex tests, they are readily elicited; if they have been the rounds of any number of good doctors, they can simulate or retard or emphasize or hold in abeyance any of the reflexes. If lesion exist, there will be insomnia and intense pain, or delirium or coma. The hysteric patient can not manipulate the pupils, and she signally fails on temperature when it is taken in the axilla. Organic lesions frequently give subnormal temperatures, while the hysteric patient always works up an elevation if thermometer be placed in mouth, rectum, or vagina. If blindness be complained of, the patient with a lesion can not see an object that may hurt them, while the hysteric always does. Organic anesthesia or hyperesthesia always follow the defined nerve tracts, while hysteric symptoms so referred are located anywhere the patient deems best. The hysteric can not accurately simulate the spastic or paraplegic gait. If the hysteric complain of loss of taste, the ingenuity of the physician will provide a dose nauseous enuf to provoke complaint or grimace, when true cases swallow it unmoved. Anesthesia and subterfuge will separate any case of hysteria from organic nerve lesion.

The successful treatment of hysteria demands patience, kindness, a judicious firmness, and absolute control of the patient by the practician: all obtainable only after entire confidence and co operation of the patient and friends has been won. The hysteric of comfortable means should be placed on tonics, digestivs, nervines, and saline laxativs; the poverty stricken should embark in the ambulance for the nearest hospital, or have a commitment obtained to the "county home." In other words, nursing and environment with enuf and not too much attention will aid drugs in curing hysteria of acute or chronic type; but neither will ever do it alone. Iron, arsenic, strychnin, and manganese are desirable tonics in anemic cases. Any palatable digestant of known efficiency will do well in any case. None of the nervines do so well as the old-fashioned asafetida and valerian in *full* doses. The various mild salines are the best laxativs. Avoid hypnotics and anodynes as the plague. Make all examinations of females in presence of some reliable female attendant who knows how to keep quiet; always under some covering, and avoid genitals, abdomen, and breasts except when absolutely necessary, and even then be quick and chary. Never use finger, speculum, or probe thru vaginal canal except in case of emergency, and *never use the catheter under any circumstances;* better anesthetize and allow the urin to flow. Inveterate cases are best excluded absolutely from the admission of any but the attendant and physician, no members of the family being admitted, and no books or papers allowed.

Probably the most successful treatment of hysteria is that used so successfully by Prof. S. Weir Mitchell, the principal features of which are briefly outlined: The patient is placed under the care of a skilled nurse in an isolated room, and at absolute rest in bed. She sees none but her attendant and physician. She is allowed no diet but milk, and if she will not take it, she takes nothing but water until she "gets hungry." She is treated with all gentleness, and is bathed and massaged regularly; but her complaints and convulsions are passed over with a kindly word or are completely ignored. The physician's visits are not frequent and are short, and he consults the nurse and chart much more than he does the patient. If pains become unbearable he applies the Paquelin cautery with gentle touch and words of solicitude. If anesthetic areas become extensiv and paralysis ensue, an aseptic needle inserted deeply and attached to a battery accomplishes a cure in a few hours. Few cases resist such treatment many weeks, and the resultant cure is generally permanent.

The practician in the country can never, without skilled assistance and the cooperation of friends, hope to cure chronic hysteria; but, if such aid be obtainable, nearly every patient will recover.

Presuming that they are convalescent, amuse them by outdoor exercise, a little needlework, having the nurse read letters or quieting books, drawing or painting in great moderation; but all the time insist on isolation from any but two attendants. It is the only successful cure for hysteria.

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No abuse is too severe for simulation. Nauseous doses, severe cathartics, threats of cauterization if recovery does not ensue within a certain time, are often efficient. In true hysteria no study and thought is too deep.

Treatment of Bunions.

Much more can be done for this painful affection than most textbooks mention or physicians practise. In the early stages, before the bony structures have become deformed, the soft parts may be brought to their normal healthy condition, and even extensiv osseous change may be remedied without operation. A shoe with a straight inside border and rounded toes, which will be roomy enuf to give free play to the foot, is a necessity. The deformed toes may be drawn inward by passing a strap of adhesiv plaster between the first and second toes, around the phalanges of the first and then carrying it along the inner border of the foot and around the heel to the center of the outer side, where it is held in place by circular bandages around the foot. Cotton wool pledgets are worn between the first two toes. Pockets may be made for the first toe and for the heel, and then attacht by a strip of elastic along the inner side of the foot. Metal sole plates and "bunion springs" are of service in many cases, and may be obtained from any instrument dealer. If the case has not passed beyond the primary stages of effusion and thickening, it may be treated by repeated applications of mild blistering agents, like tincture of iodin, fly blisters, or nitrate of silver (a dram to the ounce). A wet dressing of lead water and laudanum makes one of the best agents to reduce inflammation and relieve pain. Frequent hot foot baths aid any of the treatments greatly.

If the case fails to yield to warmth, constant elevation of the foot and the above measures, operation may be considered. The confinement incidental to the operation is its worst objection, as it is generally successful if properly done.

The Influence of Pregnancy on Tuberculosis.

Most of the laity, and not a few physicians, believe that pregnancy has a beneficial effect on the tuberculous mother. Consumptivs are more amorous than healthy persons. Hence, encouraged by the "fool" advice of the physician, and stimulated and aggravated by their own passionate desires, many couples, of whom one or both are consumptiv, coax pregnancy.

While it is true that in many instances Nature suspends the dread doom for the sake of the unborn child until after delivery, it is also true that frequently before the accouchement two lives pay the penalty demanded of ignorance and lust since the world began, and that even if the "great white scourge" be temporarily checkt, the penalty is soon demanded with interest compounded—and what does that mean? shortened life for the mother, and a defectiv child thrown upon the mercy of its friends and the charity and expense of the state.

It is now an establisht fact that neither father nor mother can transmit tuberculosis to their children; but that, tuberculosis existing in either parent in activ or latent form, the offspring have an acquired tendency toward the disease; hence, those predisposed to tuberculosis before marriage should not marry, and those who are married should avoid conception. "Labor is generally rapid and easy in the phthisical, but does not fail, nevertheless, to augment the weakness of constitution, vitally impaired, and to increase the congestiv dyspnea on the part of the lungs" (Gaillard). Even if the wife, who is predisposed to tuberculosis by reason of heredity, has never developt the disease, may we not assume that the repeated miscarriages, labors, and lactations would exert a strain which must aggravate Nature in a certain period? The sword is two edged, for it strikes both mother and child; it cuts on both upward and downward stroke, for it destroys lives and burdens the state.

Relief from legislation seems well nigh hopeless. Let the WORLD family do what they can to discourage the marriage of any who have the tubercular diathesis. The doctor may often speak when the father and mother and pastor cannot. Gentle, professional, friendly, advice may do much to help both individuals and humanity. Every practician must know his duty, and if it were but done, the plague would almost vanish, unaided by bacteriology, provided hygienic principles are absorbed with moral and sexual suggestions.

Never neglect to auscult the heart, examin the mouth for foreign bodies, and place the patient in the dorsal decubitus before starting an anesthetic.

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Just a Reminder for You.

Our forms close on the 12th of each month; that is, if you want an article publisht or a query answered in the December issue, you must get it in our hands before the 12th of November. Many are disappointed because of tardiness or forgetfulness of this rule, and many valuable articles are either held over a month or are entirely unavailable. We must now get into winter work. Recall your successes and failures of last winter and report tersely. What was your proportion of deaths in lobar pneumonia and how many cases did you have? How do you "break up" an incipient cold?—do not give a long article on this; just give your prescriptions and directions in a few lines. Do you poultice the chest of a child in pneumonia? and if so, why, and what do you use? What is your favorit counter irritant? Have you lookt up the new remedies for coughs and colds which have come out in the last few years? or are you following the rut your grandfathers tripped in? The man who is satisfied to take unquestioned what is told him by those who consider themselves authority will never advance himself, his profession, or the world. You must not only study, but you must work, and you ought to write if you wish to derive the fullest possible benefit from your endeavors. Do not attempt to teach that about which you yourself know nothing, for it is well said that "You can not help another higher than you stand yourself." Do not forget what you learned thru the summer and fall, but store it away and digest it well so that you may give it to THE WORLD in condenst and assimilable form next spring. The right thing in the wrong place is pathetic as well as ludicrous. Now for the winter: keep THE WORLD warm with interesting and valuable articles.

Black-list in Rock Island and Moline, Illinois.

The physicians of Moline held another meeting, September 9, to complete their plans for the compiling of a black-list. Nearly all present submitted lists of people considered dead-beats, and the others are to hand in their lists soon. These names will be arranged in proper form and each physician in Moline and Rock Island will be furnisht a copy.

This is good work. Whoever renders a valuable service should be faithfully rewarded for it; but some people think that doctors are an exception to this rule. Wonder if they think that doctors can live on air? If they think so, or if they are in the habit of neglecting or evading doctors' bills, they should speedily be convinced of their error. In this connection, what shall we say of the doctor who neglects to pay his subscription to medical journals that are rendering extremely valuable service to him? Shall we "black-list" doctors that get in arrears, and neglect every bill or letter sent to them? Can medical journalists "live on air" and pay the printer besides? Let us all live square, whether laymen, doctors, or medical journalists.

Don't neglect your bed-ridden patients. Insist upon frequent change of posture, clean linens, alcohol baths, massage and a nutritious diet.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience wi new remedies are solicited from the profession for th department; also difficult cases for diagnosis and tre ment.

Articles accepted must be contributed to this journal ex The editors are not responsible for views expressed contributors.

Copy must be received on or before the twelfth of the mon for publication in the next month. Unused manuscri cannot be returned.

Certainly it is excellent discipline for an author to feel that he mu say all he has to say in the fewest possible words, or his read is sure to skip them; and in the plainest possible words, or h reader will certainly misunderstand them. Generally, also downright fact may be told in a plain way; and we wo downright facts at present more than anything else.—RUSKI

READ. REFLECT. COMPARE. RECOR

Experience With Diphtheria Antitoxin.

Editor MEDICAL WORLD:—In Octobe WORLD, page 427, Dr. O'Ready wants t know the truth about diphtheria ant toxin; and as I have had considerab experience with it, I will offer a repl which will not be based on scientif research, but on experience with it.

I left college an ardent supporter diphtheria antitoxin, because our profe sor of diseases of children, Dr. J. H. Ta lor, of Indianapolis, found it to be th best treatment for diphtheria. I soo located in a small town in Southern Ind ana, where I bought the practise (?) Dr. J. W., who in course of conversatio told me of his cases of diphtheria, an remarkt that they were of the most mali nant form, and that he had lost a gre many cases. I askt if he used antitoxi He answered: "No! Well, I used it o a few cases, but they all died, so I qu using it." I soon learned by report tha most of his cases did die. One layma remarkt that when Dr. J. W. diagnose diphtheria, they always sent the measur ments to the undertaker.

I saw no cases of diphtheria until th next winter, when a case developt in boy four years old in the practise another doctor, who would not use ant toxin, or allow it to be used if he cou prevent, by telling of its "deleterio effects," and "horrible results," et However, as the case continued to gro worse, this doctor was discharged and D M. L. Arthur was called. I saw the ca with him. We advised antitoxin. Fa ily objected on the grounds that it w "either kill or cure," left child in ba condition, etc. However, seeing that was the only chance, they agreed, an 1,000 units were injected one afternoo with the happy result of noticeab improvement in child's condition ne

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morning. In forty-eight hours membrane was gone, temperature normal and child made recovery.

Altho I did not keep an accurate record of my cases, I recall that diphtheria was quite prevalent, and that I treated quite a number of cases in the three years I remained there, in all of which I used 1,000 units of diphtheria antitoxin just as soon as the diagnosis was made, and without exception in from twelve to forty-eight hours the membrane was gone, temperature normal, and recovery followed. Some may say, as has been said, that the disease had lost its virulence; was not in such malignant form, etc. Possibly that is true, but let me report two cases that occurred in the practise of the aforesaid doctor.

Case 1: A child eighteen months old, developt diphtheria and was treated for two weeks; then developt suppurativ parotiditis which was lanced, which remained a fistulous opening until death, about two months later, of post diphtheritic paralysis.

Case 2: A young man, age 19, attending town school, came into our office one morning with burning fever and sore throat. Dr. M. L. Arthur made the diagnosis of diphtheria. I saw the case and confirmed the diagnosis. Dr. Arthur advised antitoxin. Young man declined, saying that he would go home and let "Uncle Doc." treat the case, which he did, for five days, until he was a corpse. And when a few days later his father came into our office, with his eyes filled with tears, and remarkt, "Oh, if he had only let you use the antitoxin," I could hardly refrain from saying what was uppermost in my mind: he would be alive and well today.

In my opinion, antitoxin bears the same relation to the toxin of diphtheria that water does to fire; when the two are brought in contact the water overcomes the fire, renders it inert, but cannot repair the damage done. So the antitoxin renders the toxin inert, but cannot repair the damage done to the cells. And as we use water early to prevent damage, so we should use antitoxin early to prevent damage to the cells.

In no case have I had to repeat the injection, which should be done in twenty-four hours if there is no improvement, or if the spreading of membrane has not stopt. As to the reported bad results following its use, I have never seen any. Have used it several times to immunize children in the same family, without the slightest ill effect. Have never seen diphtheria develop in a child that had an immunizing injection. Have also used antitoxin with good effects late in scarlet fever, when throat symptoms were alarming. Of course these cases were complicated by the Klebs-Loeffler bacillus.

Other treatments may be as good so far as the ultimate result, saving life, is concerned, yet so far as I know, none of them will shorten the course of the disease as much as diphtheria antitoxin, which is quite a desideratum.

Hazleton, Ind. H. M. ARTHUR.

Experience Both With and Without Antitoxin.

Editor MEDICAL WORLD:—The paper by James O'Ready, M.D., in the October WORLD suggests the following:

My experience of about forty years, thirty-five of which have been spent in this city, has led me to believe that the Doctor's treatment is most excellent. In the New York Medical Record, for March 18, 1876, was publisht a paper by Dr. C. E. Billington, giving a treatment which he claimed to have found most remarkably successful. At that time I was at sea in regard to the treatment of that dread disease, having lost three cases in one family which I attended with a consultant from St. Louis. Since that time I have followed substantially the Billington treatment with such modifications as each case might require; and with such success that when antitoxin was introduced to the profession I could say with truth that the Billington treatment gave a larger percentage of cures than was claimed for antitoxin. And yet I adopted antitoxin in connection with the Billington treatment as soon as I had an opportunity after it came upon the market.

When called to a case I wrote three prescriptions:

℞

No. 1.—Tinct. ferri muriatis.....ʒij
Glycerinae.....ʒiiss
Aquae dest.....ʒiss
M. Sig.—Teaspoonful every hour.

No. 2.—Potassae chloratis.....ʒss
Aquae calcis.....ʒiv
M. Sig.—Teaspoonful every hour.

No. 3.—Acidi carbolici.....mx
Aquae calcis.....ʒiv
M. Sig.—Spray throat every hour.

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Directioned to keep up the medicins day and night without fail.

Of course, in particular cases I used other means, such as chlorin water, peroxid of hydrogen, alcohol, etc., locally, but the use of the three prescriptions was never stopt. For some years I have not used the chlorate of potash prescription (No. 2) and find the results just as good. Now I use the same treatment in conjunction with antitoxin, with this difference: I do not give nearly as much medicin, and I allow the patient to sleep one or two or more hours at night without awakening him to give medicin.

The point I want to emphasize is this: Under the Billington treatment alone cases required from four to five weeks sometimes before the last patch of membrane disappeared, while under the use of antitoxin the membrane would begin to melt away by the second or third day, and would disappear entirely within one week.

One case I will relate: The patient had been sick a week when I was called in. Saw E. T., a girl of nine years, at 10 p.m. Fauces completely covered with thick, firm, yellow membrane, the uvula as large as my finger, a hard inelastic mass completely filling the opening of the fauces. She could not sleep, as she would immediately choke on losing consciousness. It being Sunday night, I could not get antitoxin until 3 a.m. of the 3d, when I injected 1,000 units—all I could get. In twelve hours I injected 1,500 units, and the next day 1,500 more. It was at this last injection that the father, despairing of her life, begged of me not to worry her any more and to let her die in peace. Suffice it to say that, at my last visit on the 8th, just six days from the beginning of treatment, there was not the smallest shred of membrane to be seen, and I dismist the case.

Now, cases similar to this, many of which I had before the advent of antitoxin, required from three to four or five weeks before the last patch disappeared; and during all this time there was anxiety, as occasionally I would find on my morning visit that, instead of receding, the membrane was advancing; and then I instituted more vigorous treatment.

I have had the good fortune never to have lost a case in which I have used antitoxin; and I must say that with the Billington treatment alone I have been successful in some very bad cases, even when the membrane had invaded the larynx. In my early cases, twenty-five years ago, I used alcohol as a stimulant in accordance with the advice of Dr. Chapman, of the Long Island College Hospital; but of late years I never use whisky or brandy, as I could never see that they did the slightest good. I could give experience to show that paralysis and urticaria follow cases in which antitoxin has not been used; but I once treated two cases in the same family, one with antitoxin, the other without, and both had urticaria.

Webster Grove Sta., St. Louis, Mo. B. J. BRISTOL.

Mostly Theories, and Those Not Well Founded.

Editor MEDICAL WORLD:—If it pleases you, will you kindly publish the following inquiries that some of your subscribers may answer them?

1. Has horse serum, previous to its being incorporated with its keeper (carbolic acid, etc.), been used in order to prove that it is "it" (the serum pure) that cures diphtheria? Others and I have used "phenic acid" alone in this disease, and our cures have been as effectual as with the antitoxin of the market.

2. Since one of our "good" men has proved recently that sanitary measures have worked better in one of our largest cities to prevent smallpox than vaccination, would it not be advisable to stop compulsory vaccination and give hygiene a test in each and every locality of our land where smallpox breaks out?

3. Where can we find a "reasonable" reason to make surgically aseptic a local area where we inject "polluted" matter?

4. Since our best authorities of today tell us that micro-organisms have no effect upon our economy until the latter is weakened to the point where the former have their deadly influence set free, is our therapeutic adjunct in correspondence with the above theory? What would result if instead all sorts of antipyretics and antiseptics we generally use we tried to strengthen the backbone (vitality) of the patient?

5. Our physiologists of this century teach us that life is the result of the activity of the cells. But where does the "force" lie that puts the cells into activity? And when that "force" is at fault, are all the cells deranged? or but one "organ"? Are we (in disease) to treat

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the organ diseased as an ultimate? or the "force" as a cause of disease? Can we reestablish equilibrium by removing the "effect?" or by restoring the "force" into its normal agency? Now, do our therapeutics aim at the organ or at the "force"? Is it the "patient" or the "organ" that is sick?

6. Since in mostly all skin diseases we see an effort of nature to throw out any deadly element present in the economy, will any one give a scientific reason for using external adjuncts to dry up the "abnormal" excretions?

7. Our drugs have been physiologically tried upon the healthy cells to know of their virtues, be they chemical or mechanical; and have been tried "singly;" but do we have laboratory experiments to demonstrate the action of "mixtures" as a whole upon the healthy and the sick, and of single remedies when incorporated with half a dozen or more? Are we merely empirical in our practise? Is this medical age one of facts or one of delusions? Is polypharmacy a science?

8. We beg to set here a corollary to Question 4: Since we admit that contagion develops only in those predisposed to it, that is, in those whose vitality is lowered, in whom primarily there is disorder, derangement (not pathological yet), the germ development must be "a result and not a cause." And, while the primary (disorder) and secondary (malnutrition, either general or local) conditions continue, is it possible to kill off the germicidal influence? Must we not say that susceptibility is the etiological factor in infectious diseases, and bacteria the sequelae? Now, are we to treat the patient, his state of disorder and malnutrition, in order to cure him? or shall we simply direct our attention to the microbes?

9. Since after the death of the body bacteria develop subsequently to the formation of an alkaloidal ptomain poison, has any of our brethren proven the reverse to be true during life?

10. Is not pure blood the best germicidal agent on earth? Is it good policy to bring down the temperature in fevers when the germs are present since, as Abbott says, bacteria will grow and develop most favorably when the temperature is slightly above the normal, and become inactive as soon as the thermometer registers three, four or five degrees above normal temperature? We take exception to what is called the danger point. Then, if we must not stop heat, can we not take it away—when it reaches the danger point—by stimulating mechanically the sweat centers? Can we not increase the number of white corpuscles by stimulating the lymphatic system, thus aiding nature in killing the germs and removing their products?

11. Is serumtherapy based upon the "contraria" or the "similia" principle?

R. DEL MAS, Ph.D., M.D.

Centreville, Minn. (Marquis of Villena.)

[Marquis, give us your experience, not in general, but specifically, by a recital of a number of cases, with phenic acid injections in diphtheria. As noted in our October issue, pages 414 and 427, the value of diphtheritic antitoxin is now beyond question. See the latest editions of works by our highest authorities. This conclusion was reacht by extensive bed-side experience on the part of many observers. You cannot controvert a conclusion so reacht, by vague generalities nor by theories. Send us your actual experience and the facts brought out by the same, but touch a little more lightly on theory. The way in which antitoxins act is well known to all who have studied this subject, and has been given many times in these pages.

In regard to sanitary measures vs. vaccination, you doubtless refer to the experience of Cleveland. Early in September I met a prominent city official of Cleveland and his wife. Upon inquiring how the children were they told me they were all at home, having recently been vaccinated; that smallpox was already on the increase, threatening a worse visitation than ever this winter, and that vaccination was being done very extensivly.

Space is given to the above article in order to illustrate a certain class of theorists. The writer is not a typical WORLD reader. The ideal doctor is one who studies carefully the recognized authorities; and while keeping ever in touch with them, also reaches out into the so-called "irregular" fields of medical thought. So much for studying. And when he reaches the bed-side, he will do all in his power, all in his knowledge thus gained by wide and unprejudiced study, to *cure his patient.* It must be recognized that the "highest authorities" are honest men, with large experience and ample opportunities for observation, and they are as anxious as anybody else to cure patients. They have

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become "authorities" by distinguisht services in the art of healing the sick.—ED.]

Calomel.

Editor MEDICAL WORLD:—The use of this valuable and powerful drug has been a much discust subject, and discussion assists in bringing out the truth. Its physiological actions are:

Cathartic: Almost equal to a search warrant in legal affairs, it seems to scour the intestins. I have known it to cause a little blood to appear in children's stools. It is best to follow it with salts or something to carry it all out of the intestin.

Cholagog: It carries off worn out bile, and produces good yellow stools.

Antiphlogistic: It tends to break up forming inflammation.

As an antiseptic of the alimentary tract, it is of very certain action.

As an anthelmintic, it is better used in combination with others of that class.

As an antipyretic, it seems to come nearer making a continued fever jump the track than any that I know of. Have seen a few doses in first week of typhoid reduce fever, produce sweating, clean the tongue and almost induce convalescence.

As an alterativ it has great power; in many incipient diseases it just makes the patient get out of bed and go about his business.

As a diuretic as well as alterativ to mucous membranes, it is good in combination with squills or digitalis; it acts well in hematuria; increases amount of urin and clears it up.

Calomel used to be my remedy for croup. The best combination I ever used for croup is calomel, gr. 1/6; ipecac, gr. 1/6; soda, gr. j, with potass. bichromate, gr. 1/67, and nuclein W-A. one tablet. One of each every half to two hours, according to urgency. Try it brothers, and report results.

Calomel in small doses is antiemetic. I had a case of gallstones with vomiting and debility. Gave patient calomel, gr. 1/6 each hour, hot water to drink, tablets nuclein each two hours, and strych. arsen. gr. 1/6 every four hours. This put him on his feet and at work.

I have had two cases of meningitis in young men, with temperature of 105° F., when I was doing my best to reduce it. Gave 20 gr. calomel, and that aborted both cases. No salivation resulted; only debility resulted, which was soon remedied.

The thought of calomel gives a homeopath the horrors; but the judicious use of it cures many diseases.

I have used a good deal of calomel, but never salivated any one. Small doses are generally very efficient, and are better every way in this day of scientific advancement when we have so many good remedies.

In the first days of tonsillitis calomel given to a good purgativ effect, together with dosimetric trinity and nuclein, will cause the disease to disappear like frost before the sun.

In the treatment of diphtheria, calomel used freely does much good, evacuates bowels thoroly, draws blood from throat, gets a valuable alterativ action on the glands, helps to correct a tendency to septicemia. It wants to be given boldly to effect (of course this is only a small part of the scientific treatment of diphtheria).

The great antiphlogistic trinity in my experience is calomel to free purgation, morphin to relief of pain, and about 30 gr. of quinin sulfate daily. The inflammation that this does not relieve will generally take much time and often the surgeon's knife to relieve.

An experienced physician told me that you couldn't salivate a child with calomel, because a child's liver is so large. I have never seen one salivated.

Calomel has the advantage of a small and tasteless dose; which is worth much in practise.

Calomel is a powerful and very useful remedy in the practise of medicin; but it demands judgment, caution and knowledge to use it properly. It will repay any physician to study the use of this agent very thoroly. M. C. MARTIN, M.D.

Heartwell, Neb.

[Does the above represent the experience and views of the "average doctor" of the "regular" school? Doubtless our eclectic friends will demur, and our homeopathic friends will say that the old school is just what it used to be, except that small doses, very small compared to the old style, are usually given, tho the old ten and twenty grain dose is still occasionally given. What we want to get at is the actual daily practise, at the present time, of the average physician in general practise. See further remarks under a pneumonia article in this issue. —ED]

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Pneumonia.

Editor MEDICAL WORLD:—Pneumonia season will soon be here. In the cold season we have more pneumonia from the fact that the action of the skin is deficient and the lungs are called upon to do a larger part of the work of elimination. This increase of the activity of the lungs is partially responsible for the tendency to congestion. Now, it has been my experience that strong men having large and powerful lungs are most apt to be stricken with pneumonia; and those with delicate lungs are more apt to have pulmonary edema.

Now, as to the question of treatment, we most all differ. Complications are prevented, and rapid and complete convalescence is assured by the use of the indicated remedies, there is no doubt. I think the principal object in the successful treatment of pneumonia is how to promote the process called resolution. "When resolution occurs, the contents of the alveoli become fatty and granular and are absorbed and the pulmonary epithelium is restored." The treatment is to be varied with every case, as no two ever run exactly the same course. In all cases I use calomel to open the secretions and to eliminate waste matter. When the fever is high and pulse bounding, I give veratrum, often in small doses. Veratrum must be used early in the stage of excitement, and pusht to effect, exerting its influence upon the nervous and circulatory system. The danger of heart failure from veratrum is less than has been supposed, if given cautiously in small doses. If the pulse is weak I use strychnin to sustain the heart's action. Strychnin is my sovereign remedy in pneumonia, but never in the beginning of a violent attack with high fever. We should watch carefully and know when strychnin is indicated. In the treatment of pneumonia I give all the hot water the patient will drink. Free drinking of hot water is useful in the cough, and stimulates the secretions and excites free elimination. Hot water tends to control the congestion.

I never use poultices and blisters any more. Instead I use cloths wrung from hot water and alcohol over the chest as dry as I can get them, removing quite often so as to have plenty of moisture for evaporation to carry off the heat. Warmth and moisture over the diseased lungs is necessary to life. Belladonna (tincture) is one of my favorit remedies in pneumonia. Now, to make my patient rest, I use codein. For a stimulating expectorant, muriate of ammonia is my favorit. Strychnin is a most admirable remedy in pneumonia, a powerful agent, and depends for its therapeutic effects upon the intelligence with which it is given. Patients vary much in the amount of strychnin required to produce the desired effect, hence we must be perfectly familiar with the drug or we will do more harm than good. Pneumonia, like typhoid fever, requires close nursing.

W. S. ROBINSON, M.D.

Frostville, Ark.

[Any profession is made up most largely of its *average* members. Bright lights and leaders, as well as laggards, are in the minority. In these pages the average doctor finds an opportunity to tell his "average" co-workers in all parts of this great country what he is doing, and how he is doing it. This is of the greatest importance, for by far the greater part of the work of the profession is done by the average men—the "rank and file"—the backbone of the profession. The question is, Is the above a fair example of the treatment of pneumonia by the average doctor? We are inclined to think that it is. We have purposely refrained from any "polishing" of the article, in order to submit the above question. Possibly this may not be a prudent question for us to ask, for about three out of every four doctors may consider themselves "way above the average." Young men, in their first ten years of practise, are particularly apt to think so; but if they don't keep their thoughts on themselves too much, they get over it. The average man is peculiarly fitted to fellowship with and help his fellow average man. We do not wish to intimate that every "average doctor" treats pneumonia just as given in the above article; but that the article fairly represents the average treatment. Don't you think so? In what way does your treatment differ? No one will claim that the above treatment is perfect. Perfection can never be attained; but it can be approacht by contributions from various sources, combining the best features from many. Let us try to collect these best features and combine them. Let us try the same thing in the treatment of other diseases, also, say for common colds, coughs, bronchitis, both tubular and capillary, etc.—ED.]

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Chloral Hydrate for Strychnin Poisoning.

Editor MEDICAL WORLD:—Was called hurriedly to Mr. L., a young married man who, on account of some family unpleasantness, decided on self-destruction by taking strychnin. He purchased fifteen grains from a druggist, stating that he wanted to kill some dogs that were annoying him at night. After procuring the drug he went into a saloon and purchased a half pint of whisky; after dissolving the strychnin in it, he drank a little over half the contents of the flask and left for home, about three hundred yards distant. Immediately upon his arrival he was seized with convulsions, which continued in rapid succession. Upon reaching the patient I found that he had all the symptoms of strychnin poisoning: Opisthotonos, forcible extension of the lower limbs, tetanic spasms in rapid succession, dilation of pupils, rapid breathing; cardiac pulsations slow and the breathing very labored and difficult. The time had passed for the introduction of the stomach pump as the teeth were tightly clencht; so much so that I could get nothing into the stomach. I would have given him apomorphin hypodermically, but unfortunately I had none. The drug had evidently been absorbed into the circulation, dealing its deadly effect upon his vitality. As soon as I could remove the multitude of people who had assembled around him, in order to obtain fresh air and quietude, I thought of chloral hydrate being antagonistic to strychnin, and after taking into consideration the amount of strychnin the patient had taken, which was fully eight grains, I dissolved two drams of chloral in an ounce of warm water, and proceeded to inject this amount in different parts of the arms and lower limbs till all of it was injected. Immediately after doing that I forced him to inhale chloroform till the effects of the chloral were manifest. This was accomplisht within fifteen minutes. Chloroform being removed, patient was well under the influence of the chloral; all rigidity ceast and patient slept soundly for nine hours and awoke of his own accord; no complaint, only feeling of weakness and slight nausea. He then took a light breakfast. Now as to the amount of chloral that was administered, I confess it was rather heroic; but considering the amount of strychnin the patient had consumed, I am confident the amount of chloral was demanded to antagonize the strychnin.

Since then I learn that the patient has had, no further trouble, has reformed, and he and his wife are living happily together and doing well.

M. B. POLLARD, M.D.

Winnsboro, Tex.

Skin Grafting.

Editor MEDICAL WORLD:—Congratulations to Dr. Hurd on his successful case of skin grafting, page 429 October WORLD. This is such an interesting subject, and success gives so much satisfaction, that I am going to describe a method of covering the entire raw surface with grafts. This method I have many a time used, and find that it gives quicker healing, a better and softer scar, and less contraction than the method of planting islands of skin here and there.

A sharp razor and a willing friend are essential. When the wound to be covered is free from slufs, dress with mild antiseptics for a few days, and scrub surrounding skin thoroly with soap and water and 1 to 1,000 bichlorid. To cut the grafts, stretch the skin crosswise with the left hand, and without further fixing of the skin shave off with a sawing movement a piece of epidermis as broad and long as possible. Pieces 1½ inches long by an inch wide can easily be cut with practise. These float on the razor, which is moistened with warm boiled water. Now lay the razor on the raw surface and coax the graft on to the wound with a needle and glide it into position. Fit the other pieces edge to edge so that the red surface is entirely covered; overlapping does not matter. If the grafts are refractory and curl up the deep surface should be inwards, invariably. If the raw surface is too large to cover at one sitting, do one section first and the other later.

If in a position where prevention of contraction is very important, scrape off the surface of the wound very lightly with a sharp spoon or curet; for this an anesthetic is necessary, and the grafts can at the same time be taken from the patient. After scraping see that all oozing has stopt before applying grafts. Dress with plain sterilized gauze (easily made at home), wrung out of warm boracic acid solution. This would stick to grafts and perhaps pull them off if directly applied, so they must be separated from it by ¼ inch strips of oiled silk, laid in a parallel

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fashion ⅛ inch apart, and crost at right angles by another layer similarly arranged, but not quite so close to each other; the intervals allow for oozing. Do your first dressing on the third day. The surface from which the grafts have been taken is dotted with oozing points; dress this with boracic ointment; it will heal quickly.

The above method is known as Thiersch's.

Philadelphia. DR. SENIOR.

Concerning a Case for Circumcision.

Editor MEDICAL WORLD:—Some years ago the term "quack" was applied to certain classes of medical charlatans and pretenders. The word was one of reproach, sanctioned by usage, and had a definit meaning. In these days it is less frequently used, and chiefly in a vague and indefinit way. But the quack salvers are still with us, more or less prosperous, and under a multitude of titles and guises. So long as they sail under their true colors the community is free to patronize or to ignore them, as they choose; but when they "steal the livery of heaven to serve the devil in," when the socalled regular physicians stoop to practise the methods and arts of quacks then, indeed, the community is assailed in the very citadel of its friends.

These reflections are called forth by a recent experience somewhat out of the common: G. W., a youth of 19 (at whose birth I had the honor of officiating), was recently matriculated at a southern university. It chanced that he had as a room mate a young medical student. In the confidence of chumming the medical student thought he discovered something unnatural in the genital organs of G. W. So he advised G. W. to seek medical advice; to consult the doctor-professor connected with the university. He did so, and was gravely informed that the opening in his prepuce was gradually closing up, and that the only remedy was prompt *circumcision*. This was news, as well as a surprise to the young man, who could not well gainsay the conclusions of the learned professor.

He left the university and came home to this city, as was said, on account of his health. He appeared really ill, and for some time it was uncertain whether he was suffering from malaria or was developing typhoid fever. His mind was worried and anxious, constantly dwelling upon the dreaded operation. Finally he made a clean breast of the matter, and told me of his university experience, which was the starting point of his illness. On examination I found no difficulty in retracting the foreskin behind the head of the penis—in short, there was nothing the matter with him; his organs were essentially normal. With this assurance he promptly rallied, and malaria and typhoid were banisht to the winds.

He said that this same professor-doctor had found in the class some fifteen or eighteen other students that in his opinion needed circumcising. This would afford sufficient material for an interesting if not a profitable genito-urinary clinic.

Now, what is the natural conclusion? Either that this was a rare and "measly" lot of young men, or that the doctor has a "bee in his bonnet."

The latter is probably the true explanation of the matter. Specialists are liable to go daft in their specialty. Some years ago a really able and skilful surgeon of this city gradually imbibed the notion that almost every young man should have his meatus urinarius slit. Eventually he became a monomaniac on this subject, and did incise right and left as scores of young men now living can testify to their sorrow. When there was no more material available, he migrated to Manhattan, where he found "fresh fields and pastures new."

In charity, I assume that this doctor-professor of the Blank University is afflicted with the circumcision bacillus, developing a monomania for removing the foreskin of every young man so unfortunate as to venture within his reach. But what will be the fate of the young men placed under his fostering care? Some fathers and mothers would be horrified if they but knew the actual influence under which they have unwittingly placed their sons. There are cases in infants and children—but rarely in adults—in which circumcision is called for; but in the great majority of cases of phimosis and contracted prepuce, simple dilation with forceps will remedy whatever trouble there may be. Of course this simple maneuver does not warrant the fee nor secure the eclat that the *operation* for circumcision does; but I consider the result more satisfactory, for in my humble opinion the Creator knew what he was about when he ordained the foreskin to be the

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natural and proper covering for the sensitiv corona glandis.

Brooklyn, N. Y. BENJ. EDSON, M.D.

[A good hygienic habit is daily retraction of the foreskin and thro cleansing.—ED.]

Treatment of Acute Gonorrhea.

Editor MEDICAL WORLD:—Pursuant to your request for treatment and data on the curability of syphilis and gonorrhea, I send the following, trusting it may be of service to the many WORLD readers:

The therapeutics of gonorrhea is in a transitional stage. Not a few physicians still cling to the old method of treatment in vogue at the time when the causativ organism of this widespread malady was unknown. Viewed in the light of modern research, all authorities agree that gonorrhea is due to a specific organism, the gonococcus of Neisser; hence the old method of treatment, that is, dosing with balsams and the oil of santal, with an astringent injection to be administered by the patient, is rapidly yielding to the modern method, the chief aim of which is the destruction of the gonococci. It is this recent method of treatment that I wish to briefly outline.

Personally I have treated and cured over two hundred cases in private practise during the last five years by the irrigation method, introduced in this country by Dr. Ferd. C. Valentine, of New York. He has devised an instrument especially for this work, which bears his name, but an inexpensiv and fully as effectiv an apparatus can be improvised by using the ordinary fountain syringe with a suitable blunt pointed glass nozzle. The bag should be elevated to a height of eight to ten feet, according to the pressure desired. The patient can either recline in a sitting posture or stand, the latter of which I personally prefer, holding a vessel under the penis to catch the solution. The technic of performing the irrigation is as follows: Grasp the penis with the left hand, holding the left corpus cavernosum by the third, fourth and fifth fingers in such a manner that their tips rest lightly on the urethra, the left thenar eminence pressing against the right corpus cavernosum. The index finger and thumb are thus left free to manipulate the foreskin and glans, by compressing which the meatus will open for the introduction of the nozzle. Gently introduce the nozzle and release the retainer on tube of the syringe, the air, of course, having been previously expelled. If the anterior urethra only is to be irrigated, the fifth finger is firmly prest against the urethra, thus preventing the solution from passing beyond the point of compression. The anterior urethra should always be thoroly irrigated first, to prevent pus being washt back into the posterior urethra or bladder. I find it almost impossible to irrigate the posterior urethra without allowing the solution to pass into the bladder, but always assure the patient it will in no wise injure his bladder.

The solution I find from experience to be best suited for irrigation is potassium permanganate, freshly made, and in strength from 1–6,000 to 1–1,000. For an acute case I proceed as follows:

First day, first visit.		Anterior irrigation	1:3000
" "	8 p.m.	" "	1:4000
Second day,	8 a.m.	" "	1:3000
" "	8 p.m.	" "	1:4000
Third day,	8 a.m.	Intravesical "	1:6000
" "	8 p.m.	Anterior "	1:5000
Fourth day,	8 a.m.	Intravesical "	1:5000
" "	8 p.m.	" "	1:5000
Fifth day,	Noon	" "	1:5000
Sixth day,	Noon	" "	1:5000
Seventh day,	Noon	" "	1:5000
Eighth day,	8 a.m.	Intravesical "	1:5000
		Anterior "	1:3000
Eighth day,	8 p.m.	Intravesical "	1:5000
		Anterior "	1:2000
Ninth day,	8 a.m.	Intravesical "	1:4000
		Anterior "	1:1000
Ninth day,	8 p.m.	Intravesical "	1:4000
		Anterior "	1:1000
Tenth day,	8 a.m.	Intravesical "	1:4000
		Anterior "	1:1000
Tenth day,	8 p.m.	Intravesical "	1:5000
		Anterior "	1:500

The hours will of course vary somewhat, the only point to observe is that irrigations given twice daily should be twelve hours apart.

If the above treatment is religiously followed, it will cure 90 per cent of acute cases in ten days and the remaining 10 per cent in three or four weeks. There is no doubt in the writer's mind that gonorrhea can be cured by the method given. I have followed the vast majority of my cases from one to five years and find there is no history of a relapse; in many instances the patients have married and have become the fathers of happy families, the wives showing no infection whatever. In closing, will say I give no medication internally except alkalin diuretics where there is ardor urinae in acute cases. I do, however, absolutely forbid sexual intercourse, or what is as bad, sexual excitement, during treatment. As to diet, interdict all alcoholic and spirituous liquors; also fats and greasy dishes. Little salt allowed, but no pepper or highly seasoned

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sauces; also forbid use of coffee, but sometimes allow use of weak tea.

If ye Editor deems this worthy of publication, I may in future give my experience in treatment of old chronic gonorrhea.

C. L. NEY.

Baltimore, Md.

[Come again, Doctor.—ED.]

Varicose Ulcers.—Syphilis.—Gonorrhea.

Editor MEDICAL WORLD:—I would like to report a case of varicose ulcers. Male, aged 25, family history good. Came to my office in August, 1901, and askt me to treat him for two ulcers on the lower third of his right leg that had resisted treatment for ten years and had been treated by eight physicians at different times. There was no swelling of the limb. The sores were about the size of a silver half dollar, edges indurated, and the surrounding skin a deep purple color. My treatment was as follows: Washt the wounds with a strong solution of creolin, mopt them out with pure peroxid of hydrogen, dried them and applied a 20 per cent solution of nitrate of silver; then strapt the limb from toes to knee with an unbleached homespun bandage. I removed the dressing three times a week and used the same remedies, and discharged him as cured in eight weeks. He is now, and has been since I stopt treatment, wearing an elastic stocking.

I heard from him yesterday, eleven months since the last ulcer healed, and he says he is still perfectly well. (He promises to bring some money next week!)

I have been "up to it in the woods" in treating syphilis and gonorrhea, and find the following treatments very satisfactory:

Syphilis: Mixt treatment: iodid of potash and bichlorid of mercury; local applications of 20 per cent solution of nitrate of silver to mucous patches, erosions, etc.

Gonorrhea: Injections with a 1 per cent solution of protargol, first making the patient clean out the urethral canal with injections of warm water before using the above solution; comp. methylene-blue capsules by the mouth.

Both of the above have been used successfully by me a good many times.

Boykin, S. C. J. T. HAY, M.D.

Remember that pain, tenderness and atrophy of the testicle are indications for operating varicocele.

Sexual Weakness and Neurasthenia.

Editor MEDICAL WORLD:—Having be an interested reader of THE WORLD f some months, I thought I would "ch in" a few words this month on the abo subject, as I notice that a number of t WORLD "family" seem to be havi trouble with that line of cases. The fi thing to do is to get the confidence your patient. Don't grab for that bott of nux, phos. and damiana pills, saw pa metto, salix nigra, etc., but have a litt "heart to heart" talk with your patien Disabuse his mind of the fears engendere by quack literature on the subject; g his mind on healthy subjects, and teac him that the sole object in life is *not* t performance of the sexual act; that th earth does *not* revolve around his sexu organs, and will *not* cease to revolve if hi emissions are not checkt at once. Le him realize that "there are others" i worse shape than himself, and that hi cure is only a matter of time and patienc and faithful following of advice. Th patient should refrain from sexual inter course entirely for a time, in order to ge his mind away from such subjects, for the mere thought of the sexual act will often cause an emission, especially in highly nervous subjects. The quicker the patient realizes that there is something *higher* than the sexual act in this life, the quicker *will* improvement commence.

Having *treated the mind*, the next thing is to examin the genitals and orifices carefully; remove all mechanical sources of irritation; an adherent or long prepuce or urethral stricture is often the exciting cause of the whole trouble, which will quickly disappear under surgical treatment; tight sphincters should be thoroly dilated and old hemorrhoids removed surgically. "Orificial" irritation, as a cause of disease, is too often overlookt by the busy "brothers" in the profession.

Now, a few words in regard to medical treatment: In the August WORLD Dr. Chapman, in speaking of flushes of the menopause, says to "treat the patient, *not* the flushes." I fully agree with him on that point; and incidentally, that statement applies also to *all* diseases at any time and anywhere.

Nux Vomica.—This remedy is adapted to persons of a quick, excitable temperament; disposed to be quarrelsome, and given to high living and the use of much coffee, alcoholic stimulants, highly seasoned foods.

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The nux patient is nearly always troubled with acid dyspeptic symptoms, constipation and hemorrhoids. He is very sleepy early in the evening, hours before bedtime; awakes about 3 a.m., falls into a dreamy sleep finally, and gets up feeling tired and weak; backache is very markt; must sit up to turn over in bed; frequent desire to stool, passing small quantities, with a feeling as if not done.

Phosphorus.—Adapted to tall, slender subjects of sanguin temperament, who are very sensitiv to both physical and mental impressions. The phos. patient is very apt to have a tuberculous or hemorrhagic diathesis; he complains of a burning, hot spot on the spine and is exceedingly sensitiv to touch on the spine. Unlike nux, the phos. patient is usually troubled with chronic looseness of the bowels and always seems worse in every way when lying on the left side.

Picric Acid.—This remedy is suited to those who are "a picture of nervous prostration." It is as near a specific for this condition as anything known in medicin, but here again I agree with Dr. Chapman, that it is not a specific, as it is not always indicated by the symptoms of the patient. It is useful for wasted and wornout students and overworkt business men, with brain fag. Priapism; violent and long-lasting erection, with very frequent and profuse emissions. There is much headache in the occipito cervical region, and burning and sensitivness along the spine (as in phosphorus, but less in degree). Picric acid is a very valuable remedy in these conditions and very litle used.

Phosphoric Acid.—Persons in whom the debility and weakness was brought on by great grief or disappointment. The mental condition is one of the strongest indications for phos. acid, the patient being listless, apathetic; perfectly indifferent to his business and all things formerly most interested in; the face is pale, eyes sunken, with blue rings around them. The urin is milky or there is profuse urination of clear, watery urin at night, which forms a white cloud at once. Onanism—the patient is mentally distrest by the act. Inclined to looseness of the bowels.

Agnus Castus.—This is the remedy for "old sinners" with impotence and gleet; there is complete impotence; no sexual desire with *relaxt, cold*, genital organs (just the opposit of the intense desire and violent erections of picric acid). The patient is very absentminded; very dull of comprehension. Gleet discharge from very relaxt parts, which stains the linen yellow. Premature old age in young persons who have abused the sexual powers.

Selenium.—Impotence, but *with* desire; the patient has lewd thoughts, but is physically incapable. Partial erections, with involuntary dribbling of semen and prostatic fluid. The selenium patient is nearly always constipated, the stool so hard it often requires mechanical aid for removal. There is a longing for spirituous liquors. There are many other remedies indicated in this condition, among which cinchona, saw palmetto, salix nigra, digitalis and gelsemium stand high. A careful study of the symptoms of the patient will indicate the proper remedy in each individual case. In conclusion, to "sum up" in brief: (1) Get the confidence of your patient. (2) Remove the obstacles to recovery. (3) *Adapt the remedy to the patient.*

F. M. EVANS, M.D.

Bellaire, Ohio.

[It will be noticed that the therapeutics are given homeopathically.—ED.]

That Red Nose.

Editor MEDICAL WORLD:—Referring to Dr. Smurl's communication in the September WORLD, page 377, regarding the "Red Nose," I would ask the Doctor, if he thinks the disease is not of the acne kind, why then does he prescribe sulfur and ether, as they are certainly contraindicated in purely erythematous conditions? In acne rosacea, or rosacea erythematosa, there is only one mode of procedure, and that is the electric needle or knife. For the burning and itching, which is often associated with the malady, an ointment of amylum and oxid of zinc, equal parts, and unguentum aquae rosae twice the amount, will prove very soothing. In acne vulgaris, or even rosacea, Lassar's "peeling salve" is very serviceable:

℞ Beta naphthloli.....10.0
Sulfuris praecip.....50.0
Vaselin, saponis viridis.....āā 20.0

This ointment is applied once a day for three or four days in succession, and left on the affected part about one hour and then wiped off with a soft cloth. The face should not be washt during the time of treatment, but powdered with talcum.

Often these patients have dyspepsia, and internal medication will be necessary.

Akron, O. DR. LEO REICH.

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A Leukocyte's Narrativ.

Editor MEDICAL WORLD:—The circumstances surrounding my birth are somewhat obscure, but my earliest recollections found me in the spleen, while war with all its horrors was raging around the appendix vermiformis.

The blood-forming organs had received leukocytogenesis orders, and the ranks of the standing army of leukocytes was swelled to quadruple its normal numbers by volunteers, who were moving toward the scene of action.

Our division reacht the appendix by way of the ileo-colic branch of the superior mesenteric artery. The temperature was warm, but on nearing our destination it was simply hot.

The regulars arriving first had thrown themselves with self-sacrificing deliberation in a solid phalanx upon the enemy with telling effect in checking invasion.

The blood vessels, our natural channels of communication, were crowded; and the red cells, which we consider civilians or the industrial class, by their agility had appropriated the middle of the stream, compelling us to move along the walls in the slower current. Our progress was further impeded by thousands of blood plates, which being unable to resist the demoralizing effects of the heat and toxins, had clung to the rough projections from the walls and died.

Pressing on, we found the smaller vessels dilated to double their usual diameter to accommodate us, but our numbers, dead and living, had almost occluded them, making that route impracticable.

The rush in our rear increast, and the disintegrating blood plates were rendering things sticky and disagreeable, when we sought a way around by the inter-vascular spaces. In this we were favored by the enlarged inter-cellular spaces in the smaller vessel walls. I protruded a film and thrust it thru an opening, but my body would not follow; so I threw out a broad protrusion from behind, which narrowed my body so it could get thru. The broad projection was elongated and easily followed. I found that I had emerged from an aperture less than one-fourth my actual diameter. I found that many of my comrads had preceded me in like manner.

We then began the tedious march thru the jungle of connectiv tissue and f cells, which was rendered more difficult dead blood plates and red cells which h been crowded thru the capillary walls high pressure.

Thus far I have not sighted the enem but the depressing effect of the loathsoi toxins instinctivly apprised me of t streptococcus.

I am averse to criticising my superio but I have often thought that the nerv were thrown into a panic that day, and their temporary excitement were sendi reinforcements so fast that their presen was an actual hindrance in our limit field for action.

A circumstance occurred at this tin which I think contributed to our victor The doctor arrived and applied an ice ba Oh, what a delicious sensation to ou parched and thirsty protoplasm! W paused to watch the result, when th vessels contracted as tho to compress th minute, mural thrombi that were begi ning to form, and then they relaxt, an the blood pressure rose and swept the away.

The effect was like magic. The fix tissue cells, which were rapidly undergo ing dissolution, but too far from the lesio to be of any use in tissue proliferation took on new life. The columns moved up rapidly, and at last I was in the line o battle, and my spirit of patriotism rose a the sights of personal bravery and heroism which I saw around me.

I saw my comrads rush in, grab up a few links of cocci, fold them into their nuclei, some to win in the hand-to-hand conflict only to die later from the toxins of their vanquished foe. Others were overcome and their bodies were used to conceal the victorious germs as they eluded our vigilance and drifted along in the lymph channels.

Our battlements of cells piled thick and high, cemented with a mortar of fibrin, surrounded the invaders, who were strong in their entrenchments but no longer agressiv, and we felt that the victory was ours. We had only to maintain the siege and our enemies would starve and die in their filth.

Our wall was growing stronger, but one great peristaltic wave might sweep it away and liberate a million poisonous demons. Our doctor, however, forestalled that. The stomach was empty and the colon was evacuated, after which total

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abstinence was rigidly enforced, so that there was little occasion for peristalsis.

He debated the advisability of an early and immediate operation, and we shuddered at the thought of the results of another conflict, should our enemies be scattered thruout the peritoneum, while yet in the height of their virulence.

The operation was temporarily postponed, and as the smoke of battle raised, the red cells began the work of clearing away the debris and repairing the damage

I should like to live to see the final victory and complete this narrative, but my once round and shapely nucleus has undergone segmentation, and granulation must soon follow. Modesty forbids any reference to my own personal achievements, but premature death awaits the results of my country's service. It may seem strange that I should have observed all these details, but I have heard that the perceptiv faculties are the keenest, that impressions are the most vivid and lasting, and that deductions and conclusions are reacht with the greatest accuracy and celerity, amidst the fiercest conflict.

Florence, Colo. W. V. WATSON.

Notes and Comments.

Editor MEDICAL WORLD:—The remarks in THE WORLD for October on "Development of the Bust," lead me to remark that it may not always be safe to develop this part of the body. I have in mind a lady, slender in build, who used one of the developers that act by atmospheric exhaustion—the cupping glass principle. The drawing of the blood into the mammary gland may be accomplisht, and it is a well-recognized principle that where there is a fluxion of blood there will be increased growth. But where does the blood come from? And can the organs thus deprived of blood get along as well without it? The lady did not succeed in increasing the size of her breasts, but her lungs fell into a consumption; and I have always wondered whether there were not a connection between the two. Thin, skinny women, who have not the layer of subcutaneous fat that gives roundness and soft outlines to the female form, will hardly succeed in increasing the size of the breasts, unless they at the same time restore this fat layer to the body in general.

Can syphilis be cured? Well, what evidence do you want? I have known men affected with syphilis who were treated with mercury till pronounced cured, who then married and raised children, who never manifested any sign of that disease, or any that could be attributed to syphilis with reason. One such child, now twenty-six years old, was to see me recently, and as I have had her under observation all her life, I feel reasonably justified in calling her father's case an absolute cure. It is rarely possible to use the words "never," and "always," in science. Nature deals in generalities, in groupings, and separates her groups by imperceptible shadings rather than by sharp lines.

Let me express my hearty appreciation of Dr. Rimmer's report on page 421. The time to "rest on one's oars" is after the doctor has done his duty and got back to his bed. If ever the doctor earns his crown of glory, it is when he has skilfully and successfully used his chloroform and forceps, and saved mother and child. Then his heart may well warm at the thought that he is a member of our noble profession.

Senile gangrene! I have just had a report from a patient whom I have been treating for Raynaud's disease, by massage and atropin, to favor the circulation. The pains that threatened gangrene gave way to the massage, and the atropin opened the vessels and let in more blood, so that the danger has been tided over every time it threatened, and that is over a year now. Would not this be the best thing imaginable to ward off senile gangrene? Keep the feet warm.

We may cure gangrene all right, but here is something that is not so easy. Seatworms! Ordinarily they give way to quassia injections, but sometimes they resist this and every other remedy I have as yet tried. Two cases have left me in the thirty-odd years of my practise, for whom I failed to find any relief. I have used enemas of limewater, iron, glycerin, asafetida, and many others.

The pain of burns is relieved by any smooth oleaginous application, the best being carron oil; but the real problem is to prevent sepsis, and there are better agents than this. I have painted the burned surface with campho-phenique, with excellent results; and recently the recommendation has been quite general to apply pure carbolic acid, neutralizing in

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one minute with pure alcohol. This is good if you have them handy, for the best remedy is the one that will most quickly cover the surface and exclude the bacteria. White lead is very good. We all recollect the man who fell in a vat of boiling soap, and the doctor, thinking him hopeless, let him alone; whereupon he recovered—the soap being aseptic in this case, and not a certain "germicide soap" once marketed, that proved phenomenally swarming with microbic life. My boy was burned severely by an explosion of giant caps in his hand. They are supposed to contain fulminate. I applied solution of sodium bicarbonate, which relieved the pain as long as he kept the burned surface immerst; but when it was withdrawn the burning returned, even when pure petrolatum, or carron oil, was applied. The soda probably relieved the chemical burn as well as the fire burn.

WILLIAM F. WAUGH, M.D.

Chicago, Ill.

[If the reader will refer again to our editorial on page 414, October WORLD, on "Development of the Bust," he will see that we did not advise the vacuum method. That the methods there recommended are "always safe," can scarcely be doubted.—ED.]

Goiter.

Editor MEDICAL WORLD:—A copy of THE WORLD for October, 1901 (Vol. xix, No. 10), came to my desk recently, and in perusing its contents my attention was drawn to an article upon the treatment of goiter, by D. A. Johnson, M.D., of Dundee, N. Y. (page 425), wherein he highly recommends an "alterativ" treatment and the "external application of common adhesiv plaster over the enlargement." The favorit medicins the Doctor recommends are "phytolacca, stillingia and iodid of potassa." By this efficient treatment, the Doctor no doubt has relieved many unfortunate patients in his extensiv practise. My experience during many years of medical practise in treating the various variety of this dreaded disease (the writer one of its victims), leads me to believe that this chronic enlargement of the thyroid gland arises from some hyperplastic material in the blood and an altered circulation, and in some cases, impaired innervation.

Our materia medica affords a very extensiv list of remedies, alterativ in action, which have been employed with great success in the treatment of common goit but probably the most valuable remed we have are phytolacca decandra, i versicolor, and kali iodid, internally a externally. Specific phytolacca is one the first remedies; it exerts a specific i fluence in all inflammatory or enlarg conditions of the glandular structures, pecially in various affections of the ly phatics, with hardness and swellin Specific iris ver. is an important alterati and is certainly the remedy for the co mon goiter, but its superior value is n fully appreciated by many physician Specific iris is indicated in enlargements the glandular system, especially the e larged thyroid and lymphatics; it acts b increasing waste and improving nutritio

The curativ action of iris is believed t be due to its power to directly stimulat the glandular system, lymphatics an skin. Kali iodid is another of the grea est gland alterativs. I most frequentl substitute it for specific stillingia with th specific phytolacca and iris for interna use. Kali iodid assists in the removal o worn-out tissue, and acts thru the glandu lar system by producing slight chemica changes upon the tissues, thereby bein absorbed into the circulation and throw off by the different secretory organs.

A simple compound may be formed o the above remedies and given internally with other remedies that may be indicated in the disease at different times. Externally I employ a local application of specific phytolacca and stillingia compound with massage manipulation twice a day instead of applying iodin or the "common adhesiv plaster" advocated by Dr. Johnson. F. E. HILL, M.D.

Bainbridge, N. Y.

Remedy for Poison Oak.

Editor MEDICAL WORLD:—Answering R. L. Mathews, regarding treatment for poison oak, I would say that this is a clear case of "the hair of the dog curing the bite." A decoction of the leaves of the plant, say about half a dozen leaves at a dose (or they may be simply chewed and the juice swallowed), will cause an eruption of blebs, or water blisters, which contain an antitoxin that neutralizes the poison in the blood, when the serum from them is reabsorbed. One or two doses is usually sufficient. I have known a copious eruption to follow swallowing the juice of a dozen well formed leaves. The

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medy immunizes against the possibility future poisoning by the plant. Parke, avis & Co. prepare fluid extract of rhus icodendron, dose six to thirty minims, t I have never tried it. A tincture may made by macerating two ounces of the sh leaves in a pint of dilated alcohol for week, express and filter, which is about e-eighth the strength of the fluid tract. Some care must be exercised to event over dosage, as it is a stimulant rcotic. It is valuable in skin and inary diseases. It causes more or less itation of the stomach and bowels, hen ingested.

THAD. W. WILLIAMS, M.D.
Whitefish Bay, Wis.

Empyema.

Editor MEDICAL WORLD:—I was called o see Morris M. on May 13. He had returned from a normal school three weeks reviously. Had been indisposed a week revious to his return home. His attending physician diagnosed his case pleurisy. n his return home the family physician oncurred in the diagnosis, also noticing ymptoms of pneumonia. At the beginning of the third week the attending physician desired a consultation, and I was alled. Found young Morris' face more r less edematous, pulse weak and frequent, tongue fairly clean and moist, temperature 102°, heart to the right of the sternum; ocular inspection showed very ittle difference between right and left ide, intercostal spaces the same, left side full and flat on percussion, and much ain, considerable cough, poor appetite, nd considerable weakness. Diagnosed his ase empyema, with which the doctor greed.

We informed the parents and patient, and aid that the removal of the pus was necesary, the time for removal to be decided by the attending physician.

On May 17 I was called to assist in the removal of the fluid. After preparing ourselves and the patient, I introduced the needle of my hypodermic syringe between the sixth and seventh ribs and filled it with pus. This verified the diagnosis. I next introduced a trocar with cannula, and at least two quarts and a pint of liquid pus, laudable in nature, was removed. We next injected one pint of bichlorid solution, one to two thousand, and one pint and a half again flowed out thru the cannula. This we repeated seven times. The last washing contained very little pus. Coughing greatly helpt to expel the contents of the pus cavity. We next closed up the wound with adhesiv plaster in strips around the chest, gave him supporting diet, together with cough syrup, syrup of the hypophosphites, quinin and strychnin, and syrup hydriodic acid.

The patient improved slowly but steadily; has at this time (August 28) a good appetite, some cough, no expectorations, sleeps well, drives out, and were he not afraid of a relapse he could go out more.

This patient is eighteen years old, has had hip-joint disease, periostitis of the left femur (six years ago), also a scrofulous abscess on the right leg, and is obliged to walk with crutches; hence you see that our patient was not a very promising one.

The heart is still on the right of the sternum, and the left lung either contracted or also more or less to the right side and kept there by adhesions. This I know from the fact that the left chest cavity has a more or less hollow or cavernous sound, and the chest wall is slightly caved in, so to say. Whether these organs will remain in the position they now occupy, or whether they will, in course of time, return to their normal position I am not prepared to say; but am inclined to think that they are fixt, and will remain where they are.

Eight years ago I treated a man, aged fifty years, in a similar way, and he made an excellent recovery. I did not wash out the pus cavity as thoroly as I did in the last case. From all indications, the pleura broke thru immediately after the tapping, his right lung was affected, he expectorated a large quantity of pus, and his recovery seemed exceedingly doubtful; but he rallied and is now enjoying health.

There may be cases where a removal of a portion of a rib, or a counter opening and a drainage tube, may be necessary, but I have my doubts, and I would not resort to any such heroic treatment in country or private practise.

About four years ago I treated a man, aged fifty-eight years, for pleurisy terminating in hydrothorax. With an aspirator I removed more than a pint of bloody-looking fluid. I did not inject anything in the cavity, and there was no return of the fluid. A tumor could be plainly felt in the left side. It caused considerable pain. I was doubtful in my diagnosis,

and did not express an opinion. The man died, and a postmortem showed cancer and enlargement of the entire spleen.

Ten years ago a neighboring physician askt me to assist him in removing fluid from the chest cavity of one of his patients. After examination we concluded that the man had hydrothorax, and with an aspirator we drew from his chest cavity one quart of water. The operation gave him considerable pain, the lung at times coming in contact with the point of the aspirating needle. The chest did not refill, but his lung is still in a more or less collapsed condition, and the man has not regained his former strength and vigor.

This class of cases is interesting. These cases do not occur very frequently in a man's practise, but when they do come along once in a while, it is well that we should be prepared to know them, understand them and treat them properly.

FRANK R. BRUNER, M.D.

Eshback, Pa.

Notes from Practise in Australia.

Editor MEDICAL WORLD:—As you ask often for brief notes on successes and failures, I send you a few. We have now a very bad epidemic of influenza all over New South Wales and very numerous deaths are resulting from it. I treat it thus when the diagnosis is settled: I have the patient put in the best room and best bed available, with plenty of light, plenty of fresh air, and a good fire is necessary. I start with the conviction that isolation, elimination and reconstruction are essential. A rapid purge of Epsom fizz begins, a tepid bath and sponging with whisky and eucalyptus follows, and heroic doses of Fellows' hypophosphite continues while drugging is considered necessary. If any lung complication threatens or pneumonia is looming up, I have the chest painted with eucalyptus, vinegar, whisky and turpentine in equal parts; or I sometimes use rum, chloral hydrate and a little tincture of iodin instead. If a tightness and pain is felt in the chest, I give five-grain tabloids of chlorid of ammonia three times daily and keep the chest envelopt in flannel. If fever is high, I slow down with two three-grain tabloids of acetanilid morning and evening. Sometimes I change Fellows' hypophosphites for a mixture of ferri et ammon. cit., quinin, phosphoric acid and strychnin. I give plenty of lime water, lemonade and other cooling drinks. Let them rest and sleep as much as pos ble. I have few deaths—about 2 cent—and generally among those str gling among the snows of life, or wh acute endocarditis intervenes. I m mention that I consider the use of m phin in all influenza patients a little risk I know of two cases where quarter-gr doses four hours apart were direct a contributing causes, if not the sole caus of death, and these were combated wi the permanganate of potash, glono strychnin, etc., as soon as any sign narcotism was manifest.

I find this treatment for this disease this climate and this altitude best.

I notice aneurysms of the aorta a sebaceous cysts everyhcw and anywhe common, particularly among young wome Has our four thousand feet altitude or co tinuous horse riding anything to do wi these conditions?

I find acetanilid alone the best dressin for aseptic wounds, and campho-pheniqu for indolent sores, ulcers and suppuratin processes generally. Chloral hydrate wit rum proves a handy and good evaporatin lotion for bruises, sprains and swellings c all kinds due to traumatism or not.

Poultices of fresh eucalyptus leaves an blue clay and charcoal often succeed whe all else fails with chronic suppurating ulcers. This is a la aboriginal, and *thi* modus operandi has always commanded the black man's supreme confidence in these parts.

I find washing the stomach out fre quently with boiled milk, to which is added some subnitrate of bismuth and a grain o two of tannic acid, a good remedy in per sistent hematemesis. The head should be elevated, and rectal feeding should be persisted in until all irritation subsides. Cases apparently hopeless are pulled thru thus.

While the parents were away two brothers, whether in a scuffle or by acci dent, let a gun go off, the charge of shot passing thru and tearing all the abdominal muscles for ten inches from right to left, peritoneum, omentum and some folds of the small intestin included. The brother who shot the younger fellow, a ten-year-old lad, got a large packing needle, such as is used in sewing wool sacks, sewed the wounded boy up, checkt the hemorrhage with a mixture of salt, alum and flour that was handy for tanning opossum skins, bandaged the boy up, washt the veranda

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where it was stained with blood, put the lad to bed, and told the rest of the folks that the wounded boy had burst himself from eating too much plum pie. The boy lived four days, after which a postmortem was held.

In a recent town row a man got a seemingly slight injury. He did not complain for a week, then felt his head aching, but was able to go to work. However, after a week he had to go to bed. I was called in and could find no abrasion of the skin, no fracture, and tho evidences of compression were there, still of no markt importance. He died in a fit quite unexpectedly. The postmortem revealed a fracture of the right parietal, four inches, and a big blood clot.

In a dispute about guns a half savage drove a tomahawk clean into a fellow's skull, making an incised wound four inches long, thru which brain substance was protruding. The man lay thus four days, comatose, and when the police summoned me any one must say the wounded man must die; large maggots were crawling all round the wound. There was just evidence of the man being alive and no more. He resumed consciousness after thirty-one days and began to talk. In about three months he was about and well.

The Australian bush midwives confine all the women kneeling, and usually keep them wheeling round in the attitude of prayer before an immense fire. They sometimes keep them pacing the floor until the supreme moment arrives. Last week I was called to a case where the child's head had just escaped the vulva while the mother was walking about. The child set up a fierce howl that would terrify any one but the mother, who kept up her march until I forced her to go to bed to end the torture. I have known bush midwives to give women whatever blood is flowing from them to drink in postpartum hemorrhage, and it is said with good results.

The plague is practically dead, and most of the four-legged rats of Sydney are dead, too.

I have seen where several of your readers have been asking the formula of viavi, but I have not seen any number where it was given. As I had a patient some time ago under this treatment who nearly died from an overdose of the viavi medicin, I am interested in it. There is a viavi company in Sydney running it fiercely, and leaving no stone unturned to make the world believe it can work miracles and raise the dead to life. The patient took about fifty minims of the medicin instead of ten. Narcotic poisoning manifestations soon appeared. It seemed to be similar in its effects to Indian hemp. The patient slept for four days and nights, and only woke when roused for a little drink. At the end of a week he was able to sit up, but his health and intellect have never been the same since. It seems that viavi contains cannabis Indicus in no small quantities. Can any of your readers give us some of their experience with it?

Wishing THE WORLD every success in its good work of encouraging professional brotherhood and spreading the light, I remain, SARSFIELD CASSIDY, M.D.,

Adaminaby, Government Medical Officer.
New South Wales, Australia.

Antiseptic Solution.

Editor MEDICAL WORLD:—I have spent considerable work upon a formula for an antiseptic solution, and find that the best firms prepare a saline solution with the addition of antiseptics and alcohol. I have added acetanilid as an anesthetic and tissue stimulant. The saline solution should undoubtedly stimulate the blood serum as much as possible. The antiseptics should be as non-irritant, antiseptic and anesthetic as possible. The alcohol should be in a proportion to furnish stimulation to the tissues without being irritant. What this percentage is I cannot tell, but for skin and mucous surfaces I like a 12½ per cent strength. For open wounds, where a douche is wanted without any positiv germ-killing power, I presume that an addition of three parts of water would be about right. If such is the case, the saline solution should be four times the strength of the salines in the blood serum. Instead of adding boric acid, I prefer an alkali in the shape of sodium borate. Menthol, eucalyptol and thymol undoubtedly furnish all the requirements of the anesthetic and antiseptic, and the addition of formaldehyd and other irritating preparations are not necessary and positivly harmful. Borax is added to aid in the saponification of the oils, and is probably the least poisonous and irritating mineral antiseptic we could choose. Methyl salicylate, otherwise known as artificial oil of wintergreen, is used quite extensivly, and probably is an excellent addition. Oil of

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cassia, pine, cade, juniper and many other oils might be added with doubtful efficacy, while the refreshing odor of the menthol, thymol and eucalyptol mixture would be impaired. The scientists tell us that thymol is strong enuf at the strength of 1-1,000 to be as beneficial as carbolic acid at 5 per cent, less the corrosiv action of the latter. Eucalyptol is probably as powerful, while menthol is not.

From the above deductions I have prepared the following formula. I wish the Editor would contribute one of his incomparably exhaustiv articles upon this subject, as it certainly deserves attention and should be thoroly thresht out in THE WORLD. Then the physician could understand the subject of antiseptics, and could prepare his own solutions scientifically.

		Approximate Percentage.
Thymol		
Eucalyptol	āā m. 15	1/1000
Menthol		
Menthol salicylate	āā m. 30	1/500
Sodium chlorid		
Sodium borate	āā ʒiv	2½
Sodium bicarbonate	grs. 90	6/1000
Sodium phosphate	grs. 45	3/1000
Sodium sulphate	grs. 16	9/8000
Alcohol	ʒiv	12½
Hot boiled rain water q.s.	Oij	

Mix the first four with the borate and bicarbonate and add ʒiv of the hot water; triturate in a mortar for fifteen minutes. Then gradually add the balance of the water and put into a quart bottle. Then add the alcohol, and lastly the chlorid sulfate and phosphate. Let it stand twenty-four hours and filter twice. If you want a more anesthetic effect you could add from one to two drams of acetanilid or chloretone. The acetanilid should first be dissolved in the alcohol.

I have taken the formula for the blood salts from Kirk's Physiology, and have added the several phosphates together, and also the two chlorids, using only the sodium salts. Perhaps my formula is not correct, but if the Editor will give us the proper formula for blood serum we can easily correct that. For mucous surfaces, such as the throat, this may be used full strength; but for instillation into the eye, and for nasal work, or for wounds, it would be best to add three parts of water to one of the antiseptic.

I have labeled this mixture "septisalis."

WIS.

[We may have something to say about this subject later. You have given it close attention. Discussion by our readers is in order.—ED.]

Never administer acetanilid to your cases of anemia.

A Record in Obstetrics.

Editor MEDICAL WORLD:—Years ago, when I lived in Arkansas, I was askt to write an article on obstetrics for the WORLD's readers. I then said, "When I am fifty years old I will do so willingly." My time is up, and I hesitate because I do not care to write for the sole purpose of seeing my name in print, nor do I desire to criticize my brethren too much. I took my degree in March, 1878; have practised continuously since. My records show that I have *found*, in the vernacular of the people, 4,214 babies; or, rather, I have delivered 4,214 mothers. I have never in my life lost a woman at childbirth, nor have I failed to deliver the goods. I have forceps and frequently take them with me just to be ready should I need them. I am aware that I am making a big statement, but if any of the profession desire verification, call for it and I will send proof. I have had all kinds of presentations, and I think all possible temporary abnormalities to deal with. I first, last and all the time command the patient's confidence. I give her a small dose of something to ease her mind and regulate pains, uterin peristalsis, if you will allow the term. I use:

Ergotae, fld. ex	ʒj
Tinc. capsicii	ʒiv
Ess. mint. pip	ʒij

M. Sig.—Give one teaspoonful in one-half cup of hot water every hour, or oftener if needed.

Should the os uteri be rigid, I make an ointment of cocain and apply to mouth of womb, but am very careful to not overdo the dilation. In breech or foot presentation I depend largely on stratagem. I deliver the body, bring forth one arm, then the other, and just here is where my strategy comes in. I complete the delivery of child's shoulders just as a pain is coming, then grasping the child's feet I quickly bring the head into the pubic ring. I do this so quickly that the vulva cannot contract around the child's neck. I turn the child's feet up toward the mother's breast with left hand, while with the right I support the perineum and aid the head to glide over it. I grasp the body of mother after cutting cord, and excite contraction; then I wait half hour or until pains come up, when I have no trouble in getting placenta unless attacht; then I detach by usual method. I am known quite a distance as an obstetrician, and if I can offer any aid to the young men of the profession I will gladly do so. My

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rules, as I give them to my students, are something like these: When called, first ascertain if the woman is pregnant; then if her time is up; then if nature has prepared the parts, etc. I then assure the woman all is well, and that I will deliver her all right. I get her to believe it, too. I use in nearly every case some of my "one, two, three" preparation—ergot, capsicum and peppermint—but just plain black pepper tea is good if you have nothing else. For threatened abortion I use black haw tea made from bark off root of haw bearing trees. I am not superstitious, but the haw *bearing* trees make the reliable medicin and the others do not. I always demand the care of the woman I am to wait on, and often I find double vision, swollen feet, varicose veins, etc. I get rid of excess of uric acid, put her liver to work, hence my remarkable success.

C. E. FROST, A.M., M.D.

Ranger, Texas.

The Man, and Not the Method.

Editor MEDICAL WORLD:—The October WORLD at hand, and again I find the forceps question being discust. I think a perusal of the files of THE WORLD for ten years past will find the same discussion croping out at intervals. Now, in a friendly spirit, I would like to ask the Editor and readers of THE WORLD if they think anyone has been benefited by these articles? The man who "rests on his oars" has, most likely, read the articles many times and he continues to "rest." The man who advocates the use of forceps in every slow case still is of the same opinion. While both sides have offered for our reading well written articles, I can see no benefit from publishing year in and year out these forceps articles. I don't suppose for a minute there is a reader of THE WORLD in the practise of medicin who would let a woman lay and suffer needlessly when the proper use of forceps would relieve her. Nor can I imagine a man, who for the sake of getting back to his office, would apply forceps unnecessarily. I am only a rural practician, and of course may be unsophisticated, but nevertheless I hope I am right in my opinion. In my mind, it is the *man* who determins success, and not the methods he employs.

If the doctor has horse sense he will be successful in every branch; and lacking this he will be the tail end of the horse. The man with horse sense will do everything in his power for his patient, whether it be moral support, quinin, ergot, chloroform or forceps. In my mind all the drugs in P. D. & Co.'s stock, or all the instruments made in the United States, would not make some men safe practicians. In fact they would be the tail of the horse to the end. In conclusion, this is not written to open up any argument either in THE WORLD or by correspondence, as I have neither the time nor inclination for either.

H. J. SHELLEY, M.D.

Ridgebury, N. Y.

[These pages aim to mirror the profession of this country as truly as it can possibly be done. The best way to do this is to invite the individual members *in the working ranks* to tell us plainly and in their own way, what they are doing, and how they are doing it. True, the man is of greater importance than the method, but the right man will choose and use the right method. Yes, it is true that many men have allowed women to needlessly suffer long after the use of forceps were plainly indicated; and some men who have not learned better still do it. On the other hand, many men have used forceps only to save their own time; and many men are still doing this injudicious and unjustifiable thing. These discussions help to set men right. They are needed occasionally for this purpose. Those men who have already found the golden mean—just when to use, and when to not use forceps—are to be congratulated, and their patients are to be congratulated. But their duty is not done until they help to set other men right.—ED.]

Hydramnios.

Editor MEDICAL WORLD:—On the 22d of September last, I was called to attend Mrs. D., at 1 a.m. It was her third confinement. She is a nativ of this city of New York, twenty years old (she married at sixteen), white, dark brown hair, blue eyes, five feet three inches tall, 150 pounds weight in her normal condition, is strongly built and quite muscular; has been always very healthy. During this pregnancy she had been in the very best of health, and also in her two previous ones.

About the first week of last July, and without feeling any pain, she was awakened in the middle of the night by a disagreeable sensation produced by a great gush of watery flow from her womb; more

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than three quarts of liquid was discharged. She sent for me at once, as I had been engaged for her expected confinement. After a careful examination per vagina and external abdominal manipulation, I couldn't locate the exact position of the baby; by the vaginal way I could feel a round hard shaped tumor high up above the pubic bone. Then I prescribed teaspoonful doses of fl. extract viburnum three times a day, and in a few days the discharge was gradually stopt. From that date until her late confinement she had two more floodings of this watery fluid, but by using the viburnum prescribed, in two or three days it was stopt.

Now again, to the 22d September aforesaid: On my arrival at the house, Mrs. D. told me that for the last four hours she had light pains every fifteen or twenty minutes; also that some liquid was escaping at each pain. Upon a vaginal and an external examination I was confronted with about the same conditions of last July: so difficult to reach was any presenting part of the child, and so large the quantity of liquid surrounding it. The lump or tumor high up above the pubic bone was there, but larger. At 6 a.m. no progress being made, I went away to attend other calls, leaving notice of the places where I was going, to be found in case anything should perchance happen during my absence. At my return at 1 p.m., the same state of affairs existed; viz.: weak and infrequent pains, and a continuous flow of the amniotic fluid. Well, at 6 p.m I did succeed in reaching the external os uteri, and by forcing up the exploring index finger I did touch the vertex of the baby's head. The membranes were yet intact. The dilatation of the cervix was increasing, and the pains were stronger, eight or ten minutes apart. My patient was then attacked by painful cramps in both legs, which prevented bearing down efforts. I applied a muslin roller bandage on each leg, quite tight, and her sufferings from the cramps were almost controled. It was a peculiar feature of the case that at the end of each pain the head of the baby came lower down as usual, but as soon as the pain passed away, up went the head, the opening at the cervix closing at the same time over it. During more than seven hours that game continued, and not a line was really advanced. It appeared to me that so long as there was present such a large quantity of fluid in the way, the muscular fibers of the uterus could not properly help the action of the abdominal muscles in the expelling of the child from the womb. At about 8 p.m., however, and after a considerable quantity of amniotic fluid had come out, and when the head was down at the end of the pains, I noticed that the diameter of the expanded cervix was about two inches. Of course as soon as the pain was over the head went up again, but by the shedding of so much liquid, the position of the child could be made out plainly over the abdomen; its outlines were quite distinct. Under these circumstances I proposed to her husband that it was proper and safe to apply the forceps and terminate the labor without further suffering, but the consent was refused. Then I gave fifteen grains of chloral hydrate every hour and a half; this measure giving her some refreshing slumbers, and not interfering much with the feeble pains that were going on, but at about 1 a.m. she couldn't sleep any more. Then I administered thirty grains potass. bromid. From that time the pains came about every three to five minutes, so that at 3 a.m. an eight-pound bouncing boy was born, quite healthy and alive. The membranes burst as the head was passing the vulvar opening and two quarts more of the amniotic fluid was expelled at that time. The baby's head was as rounded and well shaped as that of an infant one month old, plainly showing that there had been no friction by the head against the pelvic strait. The placenta came away ten minutes after, but not an ounce of blood was shed therefrom. The lochial sanguineous discharge commenced to flow half an hour afterwards, but was moderate in quantity.

The above narrated case of hydramnios is the sixth one which I have handled during the twenty years that I have been practising medicin, and every one of them occurred in multipara patients. I have noticed always that the pains were weak and infrequent. My first case was in July, 1882; the baby came by the breech. The other five babies came by the head, respectively in 1889, 1892, 1894, 1897 and this last in 1902. My third was a twelve-pound girl, and was born dead and macerated like if she had been ten or twelve days dead before delivery. In every instance the heads of the infants were rounded and well shaped, proving that no

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friction or pressure was made against the pelvic straits. In every case the exact position of the child could not be made out until the greater part of the amniotic fluid had been expelled. I have noticed that the fluid discharged during the pains and previous to the birth of the baby is lighter in color and density than that which came out at the rupture of the membranes enveloping the child. I never, in any of the said six cases, attempted to rupture the membranes; not only for the difficulty of the operation, the child being so high up in the pelvis, but mostly because some complication might occur from the sudden escape of the fluid from the bag.

148 E. 28th Street, New York City. G. A. ROMERO, M.D.

Miscarriage at Twelfth Week, Followed by a Normal Parturition Within Six Months.

Editor MEDICAL WORLD:—In your June issue, page 232, Dr. Bowker reports a case similar to the following, which you are disposed to discredit. Now, I have no reason to doubt the Doctor's statements, having met with a like experience some time ago.

A multiparous client of mine, not long after expelling a large fibrocystic tumor, became pregnant. No little anxiety was felt lest the crippled uterus might be unable to endure the ordeal of gestation and labor.

To relieve the distressing nausea and emesis which usually attended the earlier months of her gestation, among other remedies I applied a solution of nitrate of silver to the cervix. Amelioration of the unpleasant symptoms followed, and later, about the twelfth week, an entire ovum was expelled. There was no separate placenta as in the Doctor's case. The patient then went on to full term as if nothing had happened, and in due time was instrumentally delivered of a large boy.

Remarks: This was my first and only experience with a conservativ miscarriage, but I have not yet determined whether it was a fortunate coincidence or a result of the application. C. M. FENN, M.D.

San Diego, Cal.

Central Placenta Previa.

Editor MEDICAL WORLD:—I was called to see Mrs. B., a frail little woman, age thirty-three years, mother of four children; menses had been suppressed eight months. At four and one-half months she felt motion. At six months there was slight hemorrhage. At seven months there was quite a severe hemorrhage; two weeks after, or at seven and one-half months, there was another bleeding spell, but not so severe as at the seven month period. Her time of confinement should have been November 3. Was called September 30. October 1 she had a severe hemorrhage; she went to bed bleeding, when it ceast until the third, when she began to bleed again. On examination I found uterus high up; was only able to reach the os by very firm pressure; found it practically closed, could only insert tip of index finger; os very rigid. From external examination I made out a normal presentation and a living child, tho fetal heart action was very weak. There were no pains.

From history of case I diagnosed a probable placenta previa. I tamponed vagina with carbolized gauze thru speculum, and enjoined rest in bed. I expected trouble, as she was weak from loss of blood. I gave a high rectal enema of soap and water, got a free movement of bowels, then I gave another enema of hot water to wash out the colon, after which I gave an enema of saline solution, which she retained without trouble. In three hours I gave another enema of saline solution. I forgot to mention that she got:

Fl. ext. ergot	℥ij
Fl. ext. cinchona	℥j
Water, q.s.	℥ij

M.—A teaspoonful every hour.

I returned home after instructing them to call me if bleeding should return. Had been home about six hours when I was called again in haste. I found she had been bleeding for two hours, passiv in nature, but patient was growing weak, and had a very rapid but weak pulse. I gave a hypodermic of strych. sulf. $\frac{1}{30}$ gr.; also gave subcutaneous injection of normal saline solution, and informed her husband that I thought it best to empty the uterus at once in order to save the patient. As yet she had not had any pains. The os was in the same condition as at my first visit. There being no doctor to be had nearer than eighteen miles, I proceeded to empty uterus without consultation. I tried to dilate uterus without an anesthetic but she could not stand the pain; consequently I gave her chloroform, enuf to keep her passiv, then dilated uterus as rapidly as possible to about two inches in diameter, inserted hand and

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found a complete placenta previa, placenta about one-third separated from uterus. I separated it enuf to let the hand pass. I found the head presenting. I ruptured the membranes and reacht for a foot, but got both, drew them down into the vagina. Hemorrhage ceast at once, but it had been profuse during dilation. As hemorrhage had stopt, I decided not to deliver at once, but to wait for pains, as uterus was not dilated enuf to let the head pass without danger of tearing the os. I gave quinin sulf., 3 grs., and waited for pains, which came on in about thirty minutes. Five or six pains expelled the head, membrane and placenta. The patient was very low, but made a fine recovery. The child was born dead, but had been dead but a short time. Now what I wish to learn is, Could the child have been saved? And if so how? Will the Editor or some of the WORLD readers offer any criticism? This is my third case of placenta previa; result, two dead babies.

Dakota, Minn. C. E. WILSON, M.D.

[The cause of death of the child in turning cases is usually compression of the cord before the delivery is complete. In this case, if the delivery had been more speedy (without that long wait), possibly the child might have been saved. However, your first duty is to the mother, and you did well to save her. A more speedy delivery might have been prejudicial to her. With this possible exception, your management of the case was courageous and admirable. One doesn't know what he can do without aid until he is put to the test. Just such ordeals develop self reliance. We have much admiration for the men whose lot is cast in fields of labor where they are likely to be caught with such a case eighteen miles from any other doctor.—ED.]

Instrumental Delivery.

Editor MEDICAL WORLD:—Soon after starting in practise I was located in a farming community in New Zeland, and as all ordinary confinements were managed by the local midwives, I was never called in except something had gone wrong and they were unable to cope with it. In the two years and three months I was there, I had 46 cases of childbirth, 38 of which were instrumental ones or turning; the rest normal. I am happy to say none was fatal to the mother, nor had I a single case of sepsis. One of my first was a craniotomy. I rode 12 miles on horseback over a muddy track sometimes a foot deep in slush thru a driving rain. On arriving at the shack I found a primipara who had been in labor 2½ days. On examination I found a crooked, narrow pelvis, scarcely more than 2 inches in the A. P. diameter at the brim. With me I had a long curved forceps and an old bone forceps; no other suitable instruments. The patient was almost completely exhausted, and everything was in a frightfully unsanitary condition. I called the husband and an old woman attendant outside and told them that to cut up the child and take it away piecemeal *at once* was the only thing to be done, and that even then it might not be successful in saving the mother. Obtaining a piece of fence wire I put it in the fire and forged a hook on the bar of the grate. I then gave chloroform, perforated with the old bone forceps, scoopt out the brains with a soup spoon, and after great difficulty got the hook down the vertebral canal, when I made traction, but the shoulders caught and I cut the arms off with same old forceps and eviscerated the body. In two hours' work I emptied the uterus and syringed with carbolic lotion, 1 in 60. This woman recovered with a vesico-vaginal fistula; no other trouble, and for these services I never received a cent.

In another case, after riding seven miles on horseback in the middle of a winter's night, I found a multipara with an arm presentation. I gave chloroform and pusht the arm back into the uterus, and had my hand so squeezed I had to rest on account of the pain. During this interval pains came on and a breech presentation which gave no further trouble; child stillborn; woman in labor 72 hours.

Another case was one of hydramnios, from which three basinfuls of liquor amnii were drawn; fetus decomposed; about 6 months old.

In all the instrumental cases (with the long forceps) I never had one in which permanent injury was done to the head of the child; but I maintain that great caution and care must be used in their manipulation, having an empty rectum and bladder and a fully dilated uterus, and stopping at the perineum, if laceration is imminent thru too quick pressure. I consider the forceps, properly used, as causing no pain of a serious nature to the mother, and the saving of an immense amount of suffering and many lives. I have never

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failed to use them where I have seen that they would end easily what would otherwise be a tedious tho normal labor.

I here maintain in favor of the country practician. Being thrown on his own unaided responsibility, away from the assistance of city specialists, if he has the true grit in him he will quickly develop into a specialist himself, which is the meaning I took out of the Editor's remarks about backwoods practicians.

ARTHUR A. COTTON, M.D.

Los Angeles, Cal.

Obstetric Talk.

Editor MEDICAL WORLD:—We have heard a great deal about "resting on our oars," but I believe a little activity is a good thing. However, meddlesome midwifery is out of place. There is common sense in all things, and one must use good judgment. The "happy medium" is without doubt the best. I use chloroform in all difficult cases, but use it as sparingly as I can. In many cases a few whiffs is all that is needed. I have had to use the forceps four times in about 150 cases. Hot applications and having the woman keep on her feet as long as she can, or at least up and down, moving about, keeping her warm with hot drinks is beneficial.

The last case I had was a breech delivery in a multiparous woman. When I arrived I found her having pains every five minutes. I made an examination after making my hands thoroly aseptic. (I believe we cannot be too careful in this.) I found upon examination that it was a breech presentation and high up yet. I was fearful that I would have to stay all night, but I called for some hot water and gave fifteen drops of tr. of belladonna as the cervix was dilating slowly. She drank this, and in about twenty minutes I gave her ten drops of tr. cimicifuga in hot water. The cervix then dilated rapidly, a bag of waters formed, and labor progrest nicely. I would not have given these remedies but she had been in labor eight or nine hours before I arrived. Within one hour and a half the child was born and all was in good condition, and the mother recovered rapidly.

I am very particular to have the breasts kept from becoming overcrowded. I believe that broken breasts will be very rare if that is attended to. If they become hard and caked, apply hot fomentations; poultices of poke root are excellent. Occasionally cold applications are good, but as a general thing hot ones are best. The indicated remedy, and attention to prevent the breasts becoming caked, will break up most cases of mastitis. Of course it's a mistake to handle them harshly, like hard rubbing, altho gentle rubbing from outside to the center is all right. Hot medicated lard applied this way is beneficial. I generally medicate the lard with belladonna, ten drops of the fl. ex. to the ounce, and tr. phytolacca the same amount.

I was interested in the paper of Dr. J. R. Smith, of Warsaw, Mo. I think his suggestions in regard to systematic study and investment in new text-books is about right. Medical journals are also a profitable investment for doctors. I believe also in home investments when you know the persons you are dealing with, also the property that can be seen and appreciated. There is hardly a day but what I receive some circular advertising gold mines, oil fields or stock investments. It's too much like taking a jump in the dark. Some of them might be all right if one could bother to investigate them; but where there is one good one there are a dozen humbugs. What's the use of building air castles and chasing will-o'-the-wisps?

I am a homeopath, but I like to read THE MEDICAL WORLD. I enjoy the discussions. E. S. WRIGHT, M D.

Conneaut, Ohio.

More Obstetric Talk.

Editor and Readers of WORLD:—After reading Dr. J. R. Smith's article in October WORLD, on "Use and Non-use of Forceps," I am ready to say Amen.

At 10 a.m., January 29, 1897, I was called hurriedly to the bedside of a woman, messenger stating she had taken laudanum with suicidal intent. Found patient unconscious, stertorous breathing, pupils contracted; every indication of overdose of laudanum. After counteracting the effects of the poison, the woman told me she took the drug in order to keep her from suffering the pains of childbirth. And she had counted well, for as soon as out from under the influence of the laudanum, pains commenced, and with each pain there was a convulsion. After seeing her have twelve convulsions, insisting with every one that they call another physician, for chloroform and all other means at my command would not stop them, her husband stated that he would rather she would die

than have her delivered with instruments. Well do I remember my words to him: "You stand and see her die; I'll not be a party to the job!" That plain statement from an honest conviction brought him to his senses, and in thirty minutes he had another physician at the bedside. He administered chloroform, I dilated uterus and delivered a fine child with forceps. Can any man say we should not have used forceps in order to save this woman's life? For we did save her life; as in each and every one of her last convulsions her face was as black as night, consciousness entirely gone. After delivery she had two slight convulsions. Both child and woman lived. Who under the above circumstances would forbid forceps? This is one of four cases of instrumental delivery in eight years' practise; all the women are living; no ruptured perineums; one child was dead when forceps were applied; all others living. Results speak for themselves. What we want are good doctors and good results; not so many brilliant successes where the patients afterwards die. Now I liked Dr. Smith's article. More like that would do us good.

Doctor, when your "black pepper tea, good and strong," fails in uterin inertia, try glonoin, one granule, $\frac{1}{150}$ gr., every fifteen to thirty minutes for three or four doses, and you may be surprised. One other suggestion: Not only systematic study, but a systematic rule whereby we may collect what justly belongs to us. Don't go about accepting obstetric cases for $8 and $10, but charge for your time. If you can't do that, then follow Lusk's advice: "One visit each day for seven days," and have pay for your visits. Not so much work, but better work and better pay.

SAM'L D. WETHERBY.

Middletown, Ky.

Puerperal Convulsions.

Editor MEDICAL WORLD:—I am sorry that Dr. Rimmer, of San Saba, Tex., has reduced me to the unpleasant necessity of inflicting upon your readers an article on "puerperal convulsions." When I said in August WORLD that I "rested on my oars" in "uterin inertia," I was under the impression that there was a *slight difference* between "inertia" and "eclampsia." I have been compelled eleven times in my life to stand face to face with these spasms. I have no desire to make their further acquaintance. I don't like to *talk* about puerperal convulsions, and I would not have done so if Dr. Rimmer had not "pusht it on me."

I will relate two of the eleven cases which I have had, giving treatment. Mrs. P., aged 16 years, was taken with convulsions on Friday morning about 10 o'clock. They had tried all the night before to get a doctor, but had failed. They succeeded in getting me to her at 2 p.m. on Saturday, about twenty eight hours after the first spasm. The old colored midwife said they had had a "time," stating that she did not know how many fits the "po' critter" had had. I was ready to accept her statement when I discovered that they had burned about half her heel off without her knowledge. I injected about $\frac{1}{2}$ gr. morphin hypodermically, drew off a large quantity of urin that made my nose "smart," and moved the bowels *freely* with a glycerin enema. She refused to have another spasm! The midwife had worried her considerably, telling her to "buck to it," but when I made an examination I could scarcely force the tip of my index finger into the os, and it felt more like a metal ring than anything I can compare it to. The hypodermic of morphin, the use of the catheter and the glycerin enema, or something else, put a "new song in the mouth" of the womb, making it soften down and dilate nicely, which circumstance gave me a chance to "*rest on my oars*" awhile. A large girl baby rewarded the efforts of the young couple about 4 a.m. Sunday. Mother and child are still "in evidence."

The next case was that of Mrs. C., aged 15. Her child was born about 10 p.m., and the spasms set up about two hours after the birth of her child. They succeeded in getting Dr. P. (not Dr. P. of "clay-pipe" fame, however) to her about five hours after the first convulsion. As the patient was unable to swallow, and as Dr. P. had no hypodermic syringe, he could do little or nothing for the relief of the patient. He remained with her till 5 p.m. and left, saying she would be dead in 15 minutes. I got to the patient about 20 minutes after Dr. P. had left. She was in a state of profound coma, and seemed to be breathing thru a "pond" of mucus. I askt those present how many convulsions she had had, and they replied, "about 55." I remarkt to several intelligent persons present that she would live just about long enuf for me to give her a

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hypodermic and then die; and I would get the honor of having killed her. But, as the time for "resting on my oars" was not yet, I gave her ¼ gr. morphin hypodermically, intending to repeat if necessary. As supper was about ready at Mr. S.'s, about 75 yards distant, and as it is generally conceded that red-headed women can beat them all making coffee, I stept over to Mr. S.'s, telling them to let me know should patient have another convulsion before I returned. I had not more than got the scent of that coffee before they called me back. I learned that she had had a very light spasm about the time I got to Mr. S.'s house. As I was too "chivalrous" to let her "paddle her own canoe" (Dr. Wilkinson), I repeated the hypodermic of morphin, using about ¼ gr. Never have I seen coma so profound as in this case, and it continued till up in the morning—I having gotten there about 5 p.m. *But she could not be coaxt to have another convulsion after the second hypodermic.* Therefore, a motion to "rest on oars" was in order. No, I don't like to talk about "them spasms!" I have *seen* them.

Now, a few kind words to Dr. Rimmer about the case he delivered for old Dr. P., of "clay-pipe" fame, and I will hush. Doctor, when you go to a woman having puerperal convulsions, don't wait till she has had the third one after your arrival before you proceed to business. Give her a hypodermic of ½ gr. morphin "*right now!*" Tho you might be able to deliver her ("forcepsly") in ten minutes, you should give her the hypodermic *first*, for emptying the uterus does not always stop the convulsions. Unless "authorities" have lied to me, a woman may have puerperal convulsions as late as the seventh, eleventh, or eighteenth day after delivery. Give your hypodermic; draw off the urin, if necessary; unload the bowels; put the skin to acting. I have, as I said, had eleven cases of "them fits," and the eleven women and the eleven babies lived to see "the rosies come again!" Meet a case of convulsions "on the square;" for, as we "know not what a day may bring forth," so we know not what *one convulsion* may bring forth.

Now to those who grow hysterical over the "sufferings of the poor woman," and use the forceps simply for the relief of pain, I would say use chloroform and morphin as "judiciously" as you do the forceps and your patients will be spared all this "agony." I think a "judicious" use of chloroform will compare favorably with a "judicious" use of the forceps, when we reflect that those who "*stand high in the profession*" often "lacerate the pubes" in the attempt to deliver their patients forcepsly. (I have as good a right to coin an adverb as anybody.) We all sympathize with the patient, but we *manifest our sympathy in different ways.* I am still fostering the hope that I may some day be able to report a "forceps delivery" to THE MEDICAL WORLD. But as it brings back the memory of "them fits" when I think of forceps I will adjourn, *for I don't like to talk about "them spasms."*

Hohenlinden, Miss. A. C. GORE.

Falling of the Womb

Editor MEDICAL WORLD:—In reply to "doctor's wife," on page 445, October WORLD, the Editor neglected to mention two important means of cure. I disapprove the use of sponges and other artificial means of support as much as he. They should never be used, only perhaps in rare cases for temporary relief. If they cause pain they are doing more harm than good. If they relieve entirely without distress, it is hard to get the patient to relinquish their use, for as soon as she does this the old trouble returns.

I have had the best success by getting the patient in the knee-chest position, putting the chest as low as possible and the hip as high, and then passing the finger into the vagina and pressing the perineum towards the anus, letting a little air pass in by the finger, when the womb will fall suddenly towards the stomach; if there are no adhesions the patient frequently feels the change in position take place, and nearly always with a feeling of relief.

The practise is also equally good in retroflexion, as it tends to straighten as it assumes the normal position. The patient can do this for herself. The best time is when she gets ready to lie down at night. During the night hours in the recumbent position, with the strain thus removed, the ligaments have a chance to regain some of their lost tonicity. If at the same time an astringent tablet is used, as the Editor suggested, it will add very much toward a cure. If it is difficult for the patient to reach, have her get into the proper position and then pass the detacht

vaginal nozzle of a syringe, which will be all that is necessary, as that will remove the atmospheric pressure (the air will pass thru the tube). There is some question in my own mind in regard to the advisability of using strong astringents without first restoring the organ to its normal position.

The use of the faradic current with high frequency is very useful to strengthen the weakened and relaxt ligaments. It is better to use it after the organ is replaced, tho I have frequently felt the pressure of the womb grow lighter on a cupshaped electrode as the current was turned on. The contracting and stimulating effect of the current on the ligaments and other supports, lifts it towards its proper position.

D. M. CURRIER, M.D.

Newport, N. H.

Abdomen Failed to Close.

Editor MEDICAL WORLD:—June, 1896, I was called to attend Mrs. M. P., age 29, white, native of U. S., in her second confinement. She said she had not expected confinement for four or five weeks, but had felt no motion for a week or so, which had become gradually weaker and weaker, until it had ceast. She was having hard expulsiv pains. On digital examination I found the vagina full of intestines (!) which from their size I could distinguish as those of the child. I told the husband and others what I had found, giving it as my opinion that the child had died when she ceast to feel motion, and told them that I thought the abdomen had failed to close, explaining to them the mode of development. Thru the mass of intestines I could feel the oncoming breech. After three hours' labor a male child was born. The abdomen had not closed, being open from a point an inch or so from ensiform cartilage to near the pubis; the small intestin and the greater part of colon were outside the abdomen; the other organs were inside. On top of the head was a soft mass the size of an orange, which contained brain and fluid, protruding thru an opening in the skull.

R. F. SLAUGHTER, M.D.

Tonganoxie, Kan.

Don't treat tenia versicolor as symptomatic of hepatic disorder. The use of antiseptics, baths, and a frequent change of undergarments are the ~~m~~cativ agents. Relapses are not uncommon.

Driving Lamps for Doctors.

Editor MEDICAL WORLD:—I am in the same trouble as Dr. Blackmore in regard to the Dietz driving lantern. I have one of them and it is worthless. It will jar and blow out, and has never been of any service to me. I have written to the manufacturers about the lantern, and they say they can't imagin what the trouble is, and send testimonials. This is all they say. I consider a hand lantern much superior to mine. I want some other good lantern. W. E. MEREDITH, M.D.

Scottsville, Ky.

Dr. C. F. TAYLOR:—Your article in October WORLD, pages 438 and 439, concerning Dr. Blackmore's trouble with the Dietz-Reefy lanterns, was read with quite a good deal of interest. I do not understand this, for I have used a Dietz lantern in my driving for a year and it has given entire satisfaction. I have used it over rough roads and on nights when the wind was high, but it *never* went out. I am surprised at the firms concerned taking this so coolly, for such an adv.(?) will cause all prospectiv buyers to invest elsewhere or not at all. Since these lanterns are of no use to Dr. B., and you have no way of testing them, I wish you would send me one by express to Piqua, Ohio, and I will pay express charges, test it with mine and report results. I have considered my lantern a treasure, and in conversation with other doctors have lauded it highly.

Lockington, Ohio. E. E. LOWRY.

[The lamp has been sent.—ED.]

MR. EDITOR:—I have just read the communication of Dr. F. L. Blackmore, of Aplington, Iowa, inquiring for a reliable lantern to be attacht to his buggy for night driving. I can sympathize with the Doctor, having had a similar experience with the old kerosene lanterns that are always smoking flues and jolting or blowing out just when most needed. Several months ago I bought a bicycle lamp for use on my buggy. It is a small affair, weighing less than two pounds, and is easily attacht to the middle of the dash by means of an upright rod and thumbscrew at the top. Any blacksmith can attach in short time for 25c. The lamp cost me $2.50. Instead of burning oil it has a receptacle at the base which is filled with carbide of calcium, costing 20c. for a two pound can, sufficient to burn the lamp

constantly for ten days. It also has a water tank for generating the gas. This lamp throws a strong light 100 feet on the darkest night, sufficient light to recognize a friend that distance, and strong enuf to see a horse or buggy 150 to 200 feet. One particularly strong feature of this lamp is that it cannot be jolted nor blown out. All that is necessary is to keep it primed with plenty of carbide and water, and it is always ready and reliable; no smoke nor greasy oil to contend with. The Norrell-Shophigh Hardware Company, of St. Louis, have what they call an acetylene carriage lamp which is some stronger than the one I use, and by attachments may be adjusted at different angles. It is, however, more expensiv, but it is no doubt worth to the country doctor, in one winter, all it costs. My little carbide of calcium lamp is worth any two or three oil lamps I have ever seen, not only for the amount of light furnisht, but for reliability, cleanliness, looks and comfort. W. M. WHEELER, M.D.

Gray Summit, Mo.

Editor MEDICAL WORLD:—I wish to give a little information to doctors who may deem the use of lanterns a necessity on their vehicles when making dark night voyages. I write this especially for the information of Dr. Blackmore, who wrote the pitiful article in October WORLD, pages 438–439, giving the worthlessness of the Dietz lamps for buggy use. Soon after the acetylene bicycle lamps were put to use, I being a bicycle rider and using a gas lamp thereon, I put my thoughts toward utilizing my bicycle lamp on my buggy. Therefore I went to a local blacksmith and had him to take a straight rod about three-fourths inch in diameter and about two and one-half feet high, and put a screw clamp at the end downwards to clamp on my buggy pole, and the top end of the rod I had made so as to give it a size suitable to clamp or adjust my bicycle lamp on it. Now I have a good and cheap driving lamp. It is best to place the lamp well back on the pole or shafts where the motion is the least; if driving but one horse it would be very good to attach one lamp to each shaft; if driving two and the lamp is on the pole, any lamp gives good service, as the light shines out between the horses where most needed, and the lamp or lamps are up and out of the way of all mud. D. BARRINGER, M.D.

Rocky Ridge, Ohio.

Editor MEDICAL WORLD:—On page 438 of the October WORLD I notice Dr. Blackmore's article on lanterns, and I can sympathize with him, for I have had a similar experience. The only good driving lantern that I know of is the acetylene, as it will not blow out, nor will the flame lessen when going over the roughest roads, while the light makes the road perfectly plain for a long distance. I use the ordinary bicycle lamp (acetylene) and find one all I need. R. A. BENNETT.

Dover, N. J.

Editor MEDICAL WORLD:—On page 438, October WORLD, I read what Dr. Blackmore has to say on carriage lights. I am much pleased to say that I can help him out. I have had the experience that most physicians have who have to travel on country roads in the night. You feel the wagon tipping, and you do not not know whether you are going down an embankment or upon a bank. Now you could hardly hire me to go into the country without my light. My lamp is an acetylene gas light. It is called the Solar Plexus and is manufactured by the Budger Brass Manufacturing Company, Kenosha, Wis. I think it cost me $3.50. I hope all who read this will believe every word I say, because I am going to give you facts. My lamp will throw a light strong enuf so that you can see the road plain for fifty feet. It will throw the light on a building one hundred feet away. It will burn with one filling for about four hours. I have never used it that long, but I know that half a charge will burn over two hours. My lamp has never gone out, no matter how rough the road or how hard the wind blew, and I have never had to use it enuf consecutiv hours to have it go out. It must be taken care of. Just unscrew the cup which holds the carbide of calcium as soon as you are thru with it. This is a bicycle lamp, but the fixtures are all right for fastening on any buggy or cutter. I know a man who had his blacksmith make a piece which was permanently attacht to the seat of the buggy, so he could set the lamp in it. It is quicker than to put on the bicycle attachment, which, however, does not take two minutes. By writing to the company, I would not be surprised if you found that they have special attachments for carriages. I am not advertising this company. There are a number of different bicycle lamps on

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the market, but this has been perfectly satisfactory and more durable than the other one I had, and it gives a better light. If you use one once and see what a comfort it is, you will never be without it again.

Albany, N. Y. GEO. T. MOSTON.

Study the Materia Medica of All Schools.

Editor MEDICAL WORLD:—It appears to me that one of the greatest needs of the medical profession at this time is a more thoro knowledge of materia medica. In order to be successful practicians of medicin we must have a good knowledge of medicins and their actions: we must know the physiological actions and the therapeutic indications of all the remedies that we use in our practise. It is doubtless true that too many physicians are depending upon the use of proprietary medicins. Some of these medicins are doubtless good, where there is an indication for such drugs, but we fear too many doctors are depending upon what is said on the wrapper, instead of diagnosing his case carefully and then selecting the remedy from his knowledge of the action of drugs to fulfill the indications. The first requirement is a thoro understanding of the conditions, or the departure from a healthy standard; and then he must be able to apply the remedy that will best assist nature back to the performance of her natural functions. All remedies have two or more actions, depending largely on the manner and on the amount given. To illustrate: Quinin, one of the worst abused remedies known (mercury not accepted), is a good remedy *only* when indicated, and when the system has been fully prepared to receive it. Eleterium is lookt upon by ninety-nine out of every hundred doctors as a hydrogog cathartic only, and they are too often not aware that it is one of our best remedies in inflammatory difficulties like cystitis, when used in small oft-repeated doses—when there is an uneasy burning after urinating, as if all had not been voided. Give:

Tr. eleterium	℥ij
Spec. tr. belladonna	gtts. xvj
Mucilage of acacia	℥j
Distilled water, q. s. ad	℥iv

M. Sig.—A teaspoonful every one to two hours.

This is specific for this condition. The remedy for the condition, not the name, is what we want. We often hear doctors say they do not give veratrum viride in pneumonia for fear of depressing the heart's action. This only shows the lack of the doctor's knowledge of the action of the drug, which is nearly always indicated in lobular pneumonia. The same doctor who fears to use veratrum in pneumonia will give large doses of ammonia carb., and perhaps assist in sending his patient beyond the fabled river. We believe carbonate of ammonia has sent its thousands of pneumonia patients to a premature grave by over-stimulating an already over-workt inflamed organ. During more than thirty years I have used veratrum in pneumonia when indicated, and I find it indicated in nine out of ten cases of that disease and I seldom lose a case of pneumonia. I often meet physicians who have a horror of pneumonia, losing more than two-thirds of their cases, and I find these same doctors invariably using ammonia carb. Lay aside prejudice, which is the curse of the medical profession, and take the materia medicas of all schools and study them as your never studied before, and put in practise what you learn, and you will not blaspheme Providence by attributing the death of your patient to the Divine will. Ignorance of the action of drugs is our greatest fault as a profession. No one materia medica contains all that is good and useful; nor does any single materia medica give *all* the uses or actions of *all* drugs. The only way in which we can learn all this is by careful study and by close observation. If a physician does not learn something new in the uses of drugs each year, he is not fit to practise medicin.

On a certain occasion I cured a severe case of cholera morbus after all opiates and hot stimulating drugs had failed, with two big doses of gelsemium. I thought I saw an indication for that remedy, and as a last resort I gave it, with the happiest result possible. Who ever heard that gelsemium was a cure for cholera morbus? It is not a cure for that name, but a condition happened to be there that I thought gelsemium would help, and it did help it quickly.

La Salle, Ill. FLOYD CLENDENEN, M.D.

Dr. Mulnix vs. Homeopathy.

Editor MEDICAL WORLD:—Dr. Mulnix so completely annihilated homeopathy under the title "The Unreasonableness of Homeopathy," page 337 of THE WORLD, that you will be surprised that any one should dare to talk back. Homeopathy

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is a grand truth that has been demonstrated in hundreds of thousands of cases for a hundred years, that diseased conditions can be cured by drugs that will produce similar symptoms in healthy people.

The homeopathic doctor, in studying a new drug, gets as many persons in as nearly perfect health as possible to take that drug continuously for some time, each person independently noting all symptoms produced by it. The symptoms it produces on say twenty persons, not previously afflicted with symptoms of any disease, might be considered the characteristic action of that drug. Now when the doctor sees a patient suffering with any disease whose symptoms are similar to the characteristic action of that drug on the healthy, he prescribes that drug with confidence that the patient will be benefited. Will he prescribe for his patient the same dose of the drug as caused similar symptoms in twenty well persons? A reasonable caution might suggest a smaller dose, lest he make his patient worse. And a hundred years of experience and observation have demonstrated that with some drugs, at least, there is a point in size of dose where, tho it may not aggravate the condition of the patient, yet it does not cure him. The drug is apparently inert for that person in that dose and must be further attenuated or "potentiated" to get a curativ action.

Now if 20,000 homeopathic doctors had demonstrated a hundred times each that the third decimal dilution of ipecac would relieve a nausea quicker than the same quantity of tincture of ipecac, and that the thirtieth attenuation of sulfur would relieve an urgent 5 a.m. diarrhea more promptly and surely than would the 3x trituation, or any other more material dose of the same drug, and numerous other drugs acting the same way, would it not be reasonable that the doctors so using remedies should in time get to using the term *potency* instead of dilution or attenuation, and believe that the extended trituration of insoluble drugs in sugar of milk, or the succession of others in pure alcohol does so more minutely divide the particles of the drug that they can thus more readily enter the system, and that there is, thereby, a greater curativ power developt therein? Lycopodium is a substance so inert it is not mentioned in some leading works on materia medica of the dominant school. It was formerly used to roll pills in to prevent their sticking together, having no known medicinal action. But by extreme trituration it is developt into a wonderful remedy. If Dr. Mulnix has a patient who goes to the table hungry, but after a few mouthfuls is so full he can eat no more, the gas continually rumbling and gurgling thru the bowels, and frequently a sensation of a lump rising from the stomach to the throat, the patient always being constipated and always wanting fresh air, a reddish, sandy sediment in the urin and he feels generally worse every day about 4 o'clock p.m., or from 4 to 8 p.m., if the Doctor will properly prescribe the thirtieth attenuation of lycopodium and it does not benefit this patient, I will pay for the Doctor's next year's subscription to THE MEDICAL WORLD. Now if the Doctor should see such a chronic state restored to perfect health by such a "banquet of sac lac," would it be to him a possible argument in favor of the theory he assails? Suppose the Doctor had a case of intermittent fever for which he prescribes quinin in doses that can be seen and tasted, and possibly heard. This stops the chills quite promptly, but in ten days or so they are back again, when larger doses longer continued again stop the chills. If after the third or fourth relapse of this sort the Doctor should observe that the patient manifested the symptomatology of natrum muriaticum and prescribed that remedy in the thirtieth dilution, and his patient was promptly restored to complete and permanent health, would that be a "possible argument" that infinitesimals may cure under the law of similars?

I was first educated in what I insisted on calling a regular medical college, and later in a homeopathic college, and have practised twenty years, so have seen something of both sides. I have palliated pain with measured quantities of morphin, and suppress chills with ponderable doses of quinin; and I have relieved and cured pains and chills with various potencies of various remedies; but I have been very much more pleased with the results of the latter than of the former prescriptions. But Dr. Mulnix now asserts that it is "unreasonable" for me to believe my own senses; that only those patients who were given morphin had suffered any pain, and only those who received quinin had ever had a chill; that the others only imagined that they so suffered, or that their suffer-

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ing was all in my imagination. Dr. Mulnix is not a seeker for truth or he would have accepted Dr. Chapman's proposition on page 297 and made that test, at least, before he publisht the assertion that "the only possible argument that can be advanced in support of the theory that attenuation can develop power is the crude one of 'can't you take my experience?'" Dr. Chapman has not askt any doctor to take his experience, but offers to all who are willing the opportunity to make one very simple test to see if there is or is not any medicinal power in the thirtieth dilution of any drug. Dr. Chapman seems to have a notion that the "proof of the pudding is in the eating thereof." But Dr. Mulnix is positiv that the way to test a pudding is by the rules of arithmetic.

There was a time when a few men tried to teach that the world is round; but the majority said the theory was unreasonable, ridiculous, absurd, and it was a waste of time to attempt to prove what they knew was not so; and they ostracised all who did attempt to prove it. Homeopathists have circumnavigated similia similibus curantur and demonstrated its completeness. But those who have remained at home still assert that they know it is not true, and have applied the methods of the inquisition to all who attempt to prove its fallacy or demonstrate its truth.

Hampton, Iowa. F. J. BOUTIN, M.D.

Excessiv Formation of Gas.

Editor MEDICAL WORLD:—I would like to report briefly a case that is new to me, and perhaps may be to some of the WORLD readers. I would be glad to receive any advice, either direct or thru the columns of THE WORLD, as to diagnosis and treatment.

Was called at 4 a.m., September 28, and requested to "hurry up." I drove four miles, and on arriving found a boy, 12 years old, German, screaming with pain, and bloated like a puff ball. The pain was caused by distention from gas.

The history of the case is as follows:

The trouble, whatever it is, is congenital, being an enlargement of one or more of the abdominal organs. He enjoys fairly good health most of the time; goes to school and learns easier and faster than the average boy of his age. The circumference of abdomen now, when he feels the best and free from pain, is 44 inches. Has a good appetite usually, but chronically constipated. Has been given everything to relieve that trouble without results. Parents now give rectal injections until the bowels move. He will have attacks of bloating, more frequent and of greater intensity during the fall months, and will fill up to an immense size, abdominal wall becoming tense and hard as any drumhead, causing intense agony and encroaching on the thoracic organs until he has great difficulty in breathing. Usually, after the bloating has gone, or until it seems as tho he could not live but a very few minutes, gas will begin to pass; sometimes slowly, again it seems to all come at once; then he will be free from pain and perfectly easy. He may at once fill up again, or he may go days or even weeks until another attack siezes him.

He is one of seven or eight children, all the rest normal and healthy. His parents have always been healthy. I have seen him only this once, and could do nothing toward making an examination. I first gave him a hypo. of morphia, gr. ¼. In 15 minutes he was passing gas slowly per rectum, and almost free from pain; but tho gas escaped for nearly an hour, the size of the abdomen, which was enormous, was not reduced, and he started to fill up again, the old pain from distention coming on in a few minutes and increasing almost to its former intensity. I did not like the way the morphia acted, so decided to try a tube; so came back to office and took a large hard rubber catheter with me, and on inserting that as high as I could in the rectum, was able to assist him in passing off this great surplus of gas. But tho this procedure relieved him of the gas as well as the pain, it did not reduce the size of abdomen so I could make a satisfactory examination; but his father told me they succeeded the following day in reducing him to the (his) normal size. As stated before, I have seen the case only once, and under the above conditions, and perhaps my description and history is very incomplete. I intend seeing him again at earliest opportunity, but in the meantime would like the opinion of you, Mr. Editor, or any of the "family" who may be interested. A number of general practicians have seen the case, and one diagnosed it as congenital enlargement of the colon. But seeing him as I did, a few days ago, it seemed like enlargement of all the abdominal viscera, for he was as round and hard

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as a football blown up to its greatest extent.

What causes gas to form? and why does it not escape until its stretches the abdomen to almost bursting, causing him the most intense agony? He is normal every other way, so far as I could learn, and if the development of gas could be stopt he could enjoy life very well. I have taken more space than I intended, and seem to lack the ability to make my case plain in less words.

I enjoy THE WORLD more than any reading matter coming to my desk. I simply could not get along without it. It has helpt me before, many times, and I sincerely hope the Editor or some of the "family" can assist me in this one.

Leonard, Mich. S. C. LUMLEY.

[We advise a very careful examination, or several of them, under the most favorable conditions.—ED.]

The "Mad-Stone."

Editor MEDICAL WORLD:—During my entire professional life, more than thirty-five years, I have been much interested in the subject of mad-stones. The oldest literature I can find on the subject is in the "Medical Repository" of 1806. This journal was establisht in 1797, and was the first medical magazine publisht in the United States open to the contributions of American physicians. The claims made at that time for the mad-stone or "Chinese Snake-Stone," as it is there called, are the same as those made by its advocates today, viz: That if applied to the recent bite of a venomous snake it will adhere with great tenacity, sometimes for hours; that the pain and swelling will immediately upon its application begin to subside; that when it becomes charged with poison it will drop off, and has to be purged by placing it in new milk or in warm water, when a green scum will arise on the surface of the liquid. It is then ready to reapply, and when all the poison is thus extracted, all pain and swelling has been subdued, and the patient is well. It is further claimed, then and now, that if applied to the bite of a mad dog, it will adhere, and the same green scum will be seen on the milk or water; and that no subject to whom it has been applied has ever had rabies.

In many instances the owners of these stones apply them without making any charge, and those who see most of mad-stones seem to have most faith in them. A one-third interest in a mad-stone was put up at auction a few years ago in Leesburg, Loudoun county, Virginia, and brought several hundred dollars. Now, it will appear to any candid mind that mad-stones are either godsends to suffering humanity, or they are a snare and delusion. This point should be cleared up by scientific investigation, and nothing should be condemned until carefully weighed and found wanting. To find a man with the leisure, means and skill to investigate this subject may not be so hard, but to add to the above requirements, faith sufficient to prompt the work and reputation sufficient to settle the question forever, is not so easy. That I may awaken in others the same interest I feel in this subject, I ask that any of your readers may write to me fully, either thru your columns or by private letters, of any personal knowledge they may have of the mad-stone and its application, and also refer me to any literature on this subject. JESSE EWELL, M.D.

Ruckersville, Va.

["Mad-stones" have been made much of by the laity, and have been investigated by many able clinicians, but we know of no case where a true case of hydrophobia or bite from venomous serpent has been cured by one. When a layman has made a diagnosis of hydrophobia or snake bite, it is always safe to think a little while before concurring. A briar in a thicket, or a thorn in the grass, is generally sufficient to make a certain (?) diagnosis of a rattlesnake bite, and every bite of a dog is considered venomous during the later summer months. No intelligent practician believes in the popular superstition regarding "dog days," since we know if an animal is not actually suffering from rabies his bite will heal just like any other wound if not affected by bacteria or dirt. We believe your latter statement as to mad-stones being "snares and delusions" is the correct idea. We quote from Gould's Illustrated Dictionary of Medicin: "Mad-stone, according to popular superstition, a small stone believed to possess the property of absorbing poison (especially snake poison) or disease from wounds made, *e. g.*, by poisoned arrows or morbid parts. It is also called Snake-stone. Galen believed that certain medicins attract poisons as the magnet does iron. Most mad-stones are

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an aluminous shale or other absorptiv substance." You have in your possession more data than is given by any one authority, and, we think, enuf to settle the question in your own mind if you do not allow your judgment to be swayed by popular superstition of lay friends or reports of interested parties. We think it would be impossible to get a man of any degree of scientific attainment who would devote any time to investigation of the subject further. We have publisht your letter more as an example to the rest of the family as to how to make their own investigations, before writing us, than for any scientific value which we deem connected with the subject. We congratulate you on your research, and hope to hear from you again along more practical lines.—ED.]

Christian Science Speaks for Itself.

Editor MEDICAL WORLD:—In your September issue, page 368, there appears an item, with the heading "Prayer for Dyspepsia," and the responsibility for this so-called prayer is mistakenly laid at the door of Christian Science. That Christian Science should be held accountable for everything which claims to heal without drugs, is manifestly unfair. The paragraph in question came from some one who has no connection whatever with Christian Science. Only those who follow the teaching of the text-book, "Science and Health, with Key to the Scriptures" by Rev. Mary Baker Eddy, can be properly designated as Christian Scientists, and there is nothing in this text-book which resembles in any way the absurdities in the aforesaid paragraph. The fact, however, that Christian Scientists heal entirely by prayer may have led to this mistake being made. The prayer of the Christian Scientist is distinctly one of understanding. The knowledge of God's goodness and power is with him constantly. His remedy for disease is always at hand and effectual. The sufferer who applies to him for relief, no matter what his sickness may be, is at once shown the necessity of lifting his thoughts away from self to something higher. He is shown the impossibility of making good responsible for evil, or, in other words, he is shown that God never created disease and suffering nor decreed that it should be inflicted on mankind. On the contrary, He "created man in His image and likeness," to have dominion over all. Every physician recognizes that it is fear which robs the patient of his courage and strength. The Christian Scientist helps to restore his patient by showing him there is nothing to fear. If God is Good and is ever-present and omnipotent, what is there to fear? A realization of this fact leads to the inevitable conclusion that all which is unlike God is unreal, that is, in the sense that eternity and all which pertains to God has reality.

The recognition that disease is not of God robs it of its power, and the patient begins to manifest more harmony in mind and body. He is not only benefited physically but mentally, and thru proving to him that sin is responsible for sickness the sinner is reformed. Better health and morals invariably follow Christian Science treatment.

The constant prayer of the Christian Scientist is to be conscious of God's omnipresence and omnipotence, and thru this to rise superior to the power of sin and disease.

1619 Chestnut St., Philadelphia. ALBERT E. MILLER.

[On the theory that the highest justice demands that each sect be permitted to speak for itself, and that the most accurate information is attained thereby, we willingly admit the above, and in the same sized type in which the article complained of appeared. The original article was printed in good faith, as it had appeared in a number of other reputable papers. —ED.]

Never be without a good, stiff, aseptic nail brush.

Dental Matter in Medical Journals.

Editor MEDICAL WORLD:—Just why certain well known and popular medical journals have such a tendency to print so many articles pertaining directly to the art of dentistry, consuming in some issues as many as five or six pages of valuable space, which ought to be filled with practical medical matter for practical medical men who are paying for it, I cannot quite understand. It is a fact, however, that they occur, and with considerable frequency, be it for the purpose of obtaining our friend, the dentist, as a subscriber, or with a view to bettering the masticating facilities of our brethren. I am well aware that the medical profession, as a whole, pay too little attention to the teeth as factors in disease; but I see no reason why we should be expected to read page after page of dental embryology and pathology, why two molars should or should not meet in occlusion and what not. It gives me pleasure to state that I find nothing of the above in THE MEDICAL WORLD, and I trust it will continue, so long as I may be privileged to read its columns, to draw a distinction between medical and dental papers.

Jericho, Vt. H. D. HOPKINS, M D.

EDITOR:—Please correct my ℞ for enuresis in September WORLD, page 375. It should read:

℞

Specific thuja	ʒj
Specific eryngium	ʒss
Water, q. s	ʒiv

M. Sig.—One teaspoonful four or five times daily.

Dublin, Ind. C. E. MCKEE.

[Correspondents should write formulas with great care, never failing to review them before sending.—ED.]

The Rewards of Medicin.

At no time in the history of medicin have medical men reapt such rewards as at present. All over the civilized world we find examples of the high esteem in which the art is at present held. In this country we find an army surgeon, who a few years ago was practically unknown, holding a commission as a brigadier-general, given him as a reward for his work in Cuba during the period of its reconstruction. Half a century ago the position of the medical man was by no means an enviable one; he had practically no social standing whatever. This no doubt was due to the fact that he was on the same plane as the barber, from whom the surgeon of latter days has evolved. In England among the barons and knights will be found at least twenty medical men, made so by their sovereign as a recognition of their attainments in the healing art. The greatest discovery of modern times, the x-ray, brought for its discoverer, Professor Röntgen, the honor of a baronetcy. Koch, whose discovery of the bacillus of tuberculosis markt a new era in progress of scientific medicin, has had nobility conferred upon him, as has also Professor Von Leyden.—Medical Age.

Never abuse digitalis. Know why and when to give it.

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Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Hair Restorers and Dandruff Cures.

We are often askt for formulas for nostrums of this class, and the queries do not always emanate from some dear old bald-headed widower brother searching for a third wife. Such questions find the waste-basket, usually, but they are so frequent as to compel attention, and we will notice the latest squad. In some cases the inquirer wishes to dye his hair, but wishes to be certain that it will not be harmful for him to do so.

After typhoid or during chronic invalidism, the hair often becomes dry and lusterless, or comes out. Many young people in otherwise perfect health are annoyed by dandruff and dry or poorly growing hair. To such it is our duty to tender reliable remedies that will neither harm the patient nor enrich the nostrum vender. Nearly every proprietary hair restorer contains lead.

The following plan of treatment will cleanse any head of dandruff, and make the hair soft and glossy and of luxuriant growth, if the state of the system's nutrition admit of it:

℞

Tincture cantharides	oz. ½
Castor oil	dr. 1
Glycerin	
Spirits lavender comp.	āā oz. ½
Resorcin	dr. 2
Dilute alcohol enuf to make	pt. 1

Mix, and direct:—Rub a teaspoonful well into the scalp night and morning.

When the hair gets greasy, as it will in spite of efforts to reach the scalp only, scrub scalp and hair well with a solution of borax, followed by gentle washing in pure soft water and brushing until dry; then renew the lotion at once.

These cases (and they are quite frequent) in which the natural oil of the hair and scalp is constitutionally deficient, with dry, dead and brittle hair and a scaly scalp as a result of this deficiency, are best cared for by rubbing sweet and pure cocoanut oil into the scalp about three times a week. We say "cared for" rather than "treated," for it is a matter of *care*, to be continued indefinitly, rather than "treatment," with "cure" in view. The cocoanut oil is the best in our knowledge for this purpose, as it does not accumulate on the scalp and hair like vaselin and other heavy oils do, thus necessitating more frequent washing than is good for the hair.

Editor MEDICAL WORLD:—Will you please give me the correct measurements of a perfectly formed adult, male and female? I mean weight, height, bust, waist, hips, upper thigh next to body, middle thigh, and above knee, calf of leg and ankle; also arm and forearm, wrist. I read one time in one of your WORLDS the description of a perfect form, but cannot find it. I like WORLD best of all.

Bruceville, Ind. G. W. MAYFIELD, M.D.

[We have noted such tables publisht in lay papers, but can not recall having publisht such a list of measurements in THE WORLD. A man or woman of five feet may have as perfect a form as a man or woman of six feet. Every inch in height and pound in weight would constitute a class by itself, both for male and female. The insurance companies have tables of weights to correspond with certain heights, but allow a variation of 20 per cent. above and 20 per cent. below this "standard" (?) weight.—ED.]

Editor MEDICAL WORLD:—Can anything be done to enlarge small flabby genital organs? I have several cases, the result of masturbation in early life before nature fully developt the parts. Erections are strong and of good size, but in flaccid state they are small. Dorsal veins large and

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tortuous. Patients complain of a weak feeling in the parts as tho they were going to have an emission. Gave tonics, cold spongings, etc. Result was, emissions checkt, but no change in genital organs. This class of patients constitute a good portion of my practise, and they feel that a cure is incomplete without an improvement in size of organs. Can you or any of the brothers help me out. A. H.
Penna.

[No, we can't "make a man over again." Tell them that their organs are large enuf. A small organ that reaches a good size during erection is *all right;* it fulfils nature's plan. Tell them not to worry, but to thank their stars for sexual and physical good health, and that they should endeavor to maintain the same. Instruct them carefully concerning sanitary and hygienic habits, and urge the importance of faithfully following the same. A large percentage of "sexual weakness" is in the mind, or the standard of sexual efficiency sought is an unreasonable and a ridiculous one. A man who wants to be a bull should have been born a bull—we wish such men had been. If a boy will let tobacco alone (tobacco stunts the growth of the testicles in growing boys), and will refrain from handling his sexual organs, and will live a clean, normal life as he develops to manhood, he will have all the sexual strength that he will ever need, and it will last as long as he will need it, if he continues to live a clean, normal life.—ED.]

Editor MEDICAL WORLD:—Will you kindly give me a formula or means of preserving soft rubber goods? E. K. MORRIS, M.D.
Algoma, Wis.

[No satisfactory method of preserving soft rubber has ever been discovered. The manufacturers do not guarantee their goods except for a limited time. Steel "dies," before worn, because of constant vibration, or lack of exercise; rubber lives longer in use than when idle, but why, we do not know. There is nothing in the world like rubber, and millions of dollars and lasting fame await the man who tells the world what the life-giving essential principle of rubber is; what gives it elasticity? what makes it lose it? Small rubber appliances are best kept in a cool place in air-tight packages, and well dusted with talcum powder, or they may be kept in a solution of ½ per cent or 1 per cent formalin in water. Such articles as fountain syringes and bed pans are best preserved by gentle cleansing after use and thoro drying and then hanging up by the ring in each provided for that purpose. No rubber articles should be laid away with any sharp folds in it, or with moisture clinging to it. Never allow oils or ointments to come in contact with any soft rubber apparatus, as all kinds of oils and fats are very destructiv to rubber. Many plans have been suggested, but there is nothing better than the simple measures outlined above.—ED.]

Editor MEDICAL WORLD:—As I have struck a "nest of asthmatics," I would like to hear from the able pen of THE WORLD'S editors on treatment. Hoping to hear in the next issue of your most valued journal of medicin, I remain yours to win. A NEW SUBSCRIBER.
Youngstown, Md.

[Get all the emunctories acting properly without using harsh means. Give heroic doses of strontium bromid in concentrated solution, with plenty of water afterwards. Give the following prescription before meals and at bed time:

℞

Fluid extract quebracho.....1 ounce
Fluid extract grindelia robusta....2 ounces
Mix and direct.—A teaspoonful as above.

Have them smoke crusht cubeb cigarets rolled in the U. S. P. nitre paper, and avoid colds. This treatment will benefit any case, no matter how chronic, and give you time to search out the origin of the trouble. Remember that asthma is always a symptom, and never a disease.—ED.]

Editor MEDICAL WORLD:—Inclosed please find postal order for $3, which, as I understand, pays the subscription for four years. In the present October number I notice the following: "Has any WORLD reader an absolute and permanent cure for gonorrhea?" As I treat on an average from 50 to 75 cases of this disease and complications directly traceable to it every week, I am somewhat curious to learn what the experiences of other general practicians are. I have found that no one yet appears to fully understand its pathology nor any too much about its proper treatment. GEO. S. WILSON.
22 Broadway Extension, Boston, Mass.

[See an article in this issue. Others will doubtless follow:—ED.]

Editor MEDICAL WORLD:—I have treated the following case of acne of the forehead from its beginning, but all my treatments seem to be in vain. Male, twenty-six years, single, six feet tall, weight 180 pounds, robust, apparently healthy; good appetite; diet consists chiefly of

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beef, bacon, potatoes, bread, butter and some vegetables and fruit; beverages, coffee and milk; habits, sedentary, brain worker; the capsules first feel like little shots under the skin; later they become the size of a pea, and sometimes pustular; their number varies from three to eight or ten, constantly present, one crop after another. My line of treatment has been toward correcting any disorders of the gastro-intestinal canal, also calcium sulfid, gr. $\frac{1}{10}$, every other hour, and arsenic sulfid, gr. $\frac{1}{60}$, three to five times a day. Local treatment: sulfur ointments, oxid of zinc and carbolic acid ointments, alcohol full strength, hot water t.i.d.; many other ointments have been used. What might be the cause? and what is the best treatment, and the probable outcome? Kansas.

[Increase calcium sulfid to one grain three or four times a day. Stop the ointments and the arsenic. Use local compresses of absorbent cotton wet with water, as hot as can be borne, over each papule for five minutes each day. Keep up your other treatment. —Ed.]

Editor Medical World:—Boy of eight or nine years, carrying his brother on his back last February, fell on sidewalk and broke bones of left forearm near the middle. Fracture of radius oblique and sharp, point of the lower fragment pierced the skin, from which it was disengaged by strong extension and manipulation. Arm dressed with two straight wooden splints padded with cotton. A sluf nearly three-quarter inch in diameter over the sharp point of radius occurred on anterior aspect of forearm, involving the flexor muscles. I cut a hole in anterior splint one and a half inches in diameter and drest sluf thru it till the sore healed, after which cicatrix contracted, the first, second and third fingers of the left hand contracted, and can only be straightened by bending wrist. Treatment so far: Manipulation, galvanism and swinging exercises. Some improvement, but very slow. Am afraid tenotomy would make boy worse. What else shall I do? Scar seems adherent to interosseous membrane. Will be very thankful for any helpful suggestions from any who feel competent to give them. Have been a subscriber to The World for years but never sought special aid from it before.

Winston, Mo. F. C. Eastman, M.D.

Current Medical Thought.

How Homeopaths are Treated.

I wrote a personal letter to representativ members of this Institute residing in various sections of the United States and Canada, asking the following questions:

1. What is the relationship existing between the two professions in your city?

2. Is the homeopathic profession received kindly in the various hospitals of your city under old school control, and upon the same terms as is the regular profession not connected with the staff of such hospitals? Do the members of the regular profession consult with homeopathic physicians and do they treat you fairly and squarely?

3. Is there any discrimination made in official appointments?

4. Do the two professions meet harmoniously and pleasantly in a social way?

A tabulation of the answers to these questions shows that in nearly all cities in which homeopathy is strong numerically the relationship existing between the two schools is reasonably cordial and pleasant; that consultations between members of the respective schools are of common occurrence, and that the homeopathic profession has access to nearly, if not quite, all the hospitals under old school control. In the city of Cleveland the utmost cordiality and liberality prevails between the two professions, and many of my warmest friends are men of the older school. On the other hand, in sections of the country where homeopathy is not fully establisht, the bitterest antagonism on the part of the dominant school still exists. Consultations are held but rarely, if ever; homeopathic physicians are debarred from the establisht hospitals; the grossest discrimination is made in official appointments and socially there is no intercourse.—J. C. Wood, M.D., in his Presidential address before the American Institute of Homeopathy.

Eligibility of Homeopaths and Eclectics to Membership in "Regular" Medical Societies.

Your otherwise excellent resume of the proceedings of the Ohio State Medical Society fails to mention three important facts: 1. The name of the reorganized body is the Ohio State Medical Association. 2. Any legal practician of medicin in Ohio, without reference to school of graduation or denominational antecedents, is eligible to membership in the county medical societies, which membership, in turn, makes him a member of the State Association. 2. All reference to the recognition of the Code of Ethics of the American Medical Association was stricken out of the constitution before its adoption. This step, significant of a complete revulsion of feeling on the "Code question," was taken, first by a publicly announced and largely attended conference, and was subsequently ratified by the society without a dissenting voice. As a result of this action, and that of the American Medical Association at St. Paul, last year, whereby all mention of the Code was eliminated from its organic law, the medical profession, not only of Ohio, but of the United States, at last stands untrammeled by arbitrary rules and absurd barriers.—Charles A. L. Reed, of Cincinnati, in the Lancet-Clinic.

What has been done (so far as I am aware) has been accomplisht only by indirection. Certain proceedings of the American Medical Association are open to the interpretation that the barrier which formerly stood in the way of the admission of homeopathic and eclectic physicians

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has been removed. If such is the case, however, it is only because the National Association is tending to a decision to leave all matters in reference to the qualifications for membership to the local county societies with the right of final appeal to the state societies. Coupled with this tendency there is the fact that several state societies have admitted to membership both homeopathic and eclectic physicians. Those admitted were, I believe, in every instance men who no longer practise what might really be called "sectarian" medicin. That is, they may privately hold particular theories in reference to therapeutics, but they do not hold themselves aloof from the great body of medical knowledge.

I may say that, for myself, I have long been in favor of our societies receiving into membership all reputable members of the eclectic and homeopathic professions; that is, those who practise medicin and who do not trade upon an exclusiv title. I shall be much pleased when this time comes. In the present instance, so far as I can see, the newspapers are somewhat in advance of the facts.—Dr. P. Maxwell Foshay, of Cleveland, Ohio.

Sectarianism Abolisht by the Indiana Medical Board.

Dr. W. W. Vinnedge, of Lafayette, has been very ardent and persistent for the aholishment of sectarianism from the records of the Board of Medical Registration and Examination. He exprest himself to this effect, together with an outline of argument defendir g his position, in a protest to the late Dr. W. F. Curryer, secretary, November 22, 1901. In a paper read before the Delaware County Medical Society, Dr. Vinnedge said: "I have opposed sectarianism in the profession, publicly and privately, before and ever since the medical practise act became a law, upon the ground that it was a hindrance to professional unity." The doctor's desire has been realized so far as the State Medical Board is concerned, from the fact that the minutes of a recent meeting show that the forthcoming report will not indicate the classification of schools, only certify as to the qualification of an applicant.—Med. and Surg. Monitor.

The Right to Practise Across the Border Line.

A correspondent in Illinois desires to know whether or not he can visit patients across the Indiana line without qualifying under the Indiana state law. The answer to his question may be of interest to others. Section VII of the Indiana medical law says: "Nothing in this act shall be so construed as to discriminate against any school or system of medicin, or to prohibit gratuitous services in cases of emergency, or to the administration of family remedies. This act shall not apply to any commissioned officer of the United States Army, Navy, or Marine Hospital Service in the discharge of his official duties; nor to any physician or surgeon who is legally qualified to practise in the state or territory in which he resides, when in actual consultation with a legal practitioner of this state; nor to any physician or surgeon residing on the border of a neighboring state and duly authorized to practise under the laws thereof, whose practise extends into the limits of this state; provided, that such practitioner shall not open an office or appoint a place to meet patients or receive calls within the limits of this state."—Med. and Surg. Monitor.

Vermont Examination Questions, Used January, 1902.

Anatomy.

Answers should be clear but concise. A good diagram is often better than pages of description.

1. Describe the circle of Willis.
2. Give the distribution of the fifth pair of nerves and their functions.
3. How do the spinal nerves enter the cord and what are the functions of the different roots?
4. Describe the anatomy of the lungs.
5. From what organs does the liver receive blood?
6. Describe the anatomy of the testicle.
7. Describe the minute anatomy of the kidney.
8. Give the anatomy of the shoulder joint, including the bony parts, ligaments and muscular attachments necessary to be taken into account in the diagnosis and treatments of injuries in that region.
9. How is the head of the femur kept in its socket.
10. Give the course and relations of the femoral artery in the upper part of the thigh.

Physiology.

Make all answers as brief and concise as possible.

1. Name the varieties of epithelial cells, and give examples of epithelial tissue in which they are found.
2. Mention the constituents of the blood, and describe the phenomenon of blood coagulation.
3. Describe:
   (a) The fetal circulation.
   (b) How does it differ with the circulation after birth?
4. Give the differences between the inspired and expired air. How are the changes effected?
5. State in detail what happens to a bolus of food in passing thru the alimentary canal.
6. What constitutes the cerebro-spinal nervous system?
7. Name the twelve pairs of cranial nerves, and give the distribution of each pair, with exception of the fifth.
8. Give the functions of the kidney.
9. Give the histology and functions of the spleen.
10. Explain the phenomenon of a rise in temperature, and what it may indicate.

Chemistry.

Make all answers as brief and concise as possible.

1. Give a definition of (a) an element; (b) a compound; (c) a mixture. Give an example of each.
2. What is Paris green chemically? Give treatment for Paris green poisoning.
3. Comp'ete equation $CaO + 2HCl =$
   Complete equation $Pb(NO_3)_2 + 2KI =$
4. Give chemical formulae for chloroform, bromoform, iodoform. Give the physical properties of the first and last.
5. Why are the lithium compounds used in diseases attended with excessiv production of uric acid?
6. What may very high or very low specific gravity of urin indicate?
7. (a) Describe a reliable test for the detection of pus in the urin.
   (b) Describe Fehling's test.
8. What is the composition of
   (a) Rochelle salt?
   (b) Tartar emetic?
9. (a) How is atropin obtained?
   (b) What are its characteristics?
   (c) What are the symptoms of atropin poison, and how should such a case of poisoning be treated?
10. (a) What may cause a urin to give an albuminous reaction?
    (b) Give tests for detecting the different causes.

Materia Medica.

Make all answers as brief and concise as possible.

1. Name the most common diuretics, and describe their action.
2. Name the most common laxativs, drastic, hydragog, saline and cholagog purgativs and describe their action.
3. Describe symptoms of carbolic acid poisoning and give antidotes.

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4. Give remedies used to abort a case of threatened pneumonia.
5. Name the preparations veratrum viride used; give doses, use and effect.
6. Name principal drugs used on the eye and explain their action.
7. Give your treatment for opium poisoning.
8. Change one drop, one dram, one ounce and one pint to metric system.
9. Give your treatment for asphyxia from drowning.
10. Grade the dose of remedies by the age of a person.

PATHOLOGY.

1. If an embolus gets into the left internal carotid artery, where is it most likely to lodge and what symptoms are to be expected?
2. How do the symptoms, course and pathological appearances in acute miliary tuberculosis differ from those of ordinary pulmonary phthisis?
3. What is ulcerativ endocarditis and what sequela are to be feared?
4. What are the pathologic changes in cirrhosis of the liver and what are the sequelae?
5. What pathologic changes are noticeable to the naked eye in acute nephritis?
6. Give the origin and history of teniasginata.
7. What is the most common cause of orchitis, what is its usual course, and what pathologic change is it likely to leave?
8. What is osteomyelitis, and what are its pathologic appearances in the acute form?
9. Describe the course of an ordinary ostitis of a long bone and the process of repair after necrosis of a small portion of the shaft.
10. Where and what are the pathologic lesions in severe chronic dysentery?

SURGERY.

1. How would you tell an empyema from an ordinary pleurisy with serous effusion, and how would you treat each case?
2. In the retention of urin of old men, what is the usual obstruction to the passage of a catheter, and how is it to be overcome?
3. What is the treatment for painful ulcer of the anus?
4. What are the symptoms of loose cartilages in the knee-joint?
5. Give symptoms and treatment of fracture of the lower end of the radius.
6. In comminuted fracture of the upper third of the femur, what displacement is likely to occur, and how is it to be overcome?
7. Give differential diagnosis of backward dislocation of the femur from impacted fracture of the neck, and the treatment of the two injuries.
8. What are the most common accidents after amputations?
9. Describe the operation of ligature of the femoral artery at the point of election, the landmarks and the accidents to be feared after ligation.
10. How would you tell a chancroid from an infecting chancer and how would you treat each case?

OBSTETRICS.

Make all answers as brief and concise as possible.

1. Describe structure of the uterus, and give artery and nerve supplies.
2. What should your obstetrical bag contain to meet any emergency?
3. Name positiv signs of pregnancy.
4. Give the modes of resuscitating a child at birth.
5. Give your treatment for inevitable abortion.
6. Differentiate between ovarian tumor and pregnancy.
7. Describe icterus neonatorum, dangers, causes and treatment.
8. Give your treatment for postpartum hemorrhage.
9. Give causes and treatment for transverse presentations.
10. Give causes of mammary inflammation and treatment.

PRACTICE.

Make all answers as brief and concise as possible.

1. Describe sonorous, sibilant, crepitant and mucous rales.
2. Differentiate between cerebral concussion and cerebral compression.
3. Give the sequela of diphtheriae.
4. Differentiate between varicella and variola discrete in first stages.
5. Give definition, causes and treatment of dysentery.
6. Describe an attack of malarial remittent fever and give causes, prognosis and treatment.
7. Give definition, symptoms and differential diagnosis of ascites.
8. Name the complications of diabetes mellitus.
9. Give the varieties of erysipelas, diagnosis and prognosis.
10. Give the differential diagnosis of synovitis, arthritis and gout.

New York Medical Examination, September, 1902.

ANATOMY.

Tuesday—9.15 a.m. to 12.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. Describe human blood.
2. Give the varieties of epithelium and state where in the body each variety is found.
3. Give the minute anatomy of the skin.
4. Give the gross anatomy of the spine.
5. Describe the temporomaxillary articulation.
6. Give the origin, insertion, action, nerve supply and blood supply of *one* of the following muscles: Masseter, trapezius, rectus oculi superior, sartorius.
7. Give the origin and the surgical anatomy of the middle meningeal artery.
8. Describe the pulmonary veins.
9. What constitutes the floor of the fourth ventricle?
10. Mention the branches of the pneumogastric nerve and give the distribution of *one* of these branches.
11. Give the gross anatomy of the tongue.
12. Explain the differences between mucous membrane and serous membrane. Illustrate.
13. Give the origin, course and termination of the thoracic duct.
14. Give the boundaries and contents of the axilla.
15. Describe the ileocecal valve and give its location.

PHYSIOLOGY AND HYGIENE.

Tuesday—1.15 to 4.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. State the function of the aqueous humor of the eye.
2. Give the cause of coagulation of blood. How long after death does blood coagulate in the body?
3. Mention the chief uses of adipose tissue.
4. How is the average temperature of the body maintained? Give the normal temperature of the body as shown by (*a*) the mouth, (*b*) the rectum.
5. Mention *four* alimentary principles essential to health.
6. What digestiv changes take place in the small intestin?
7. State the functions of the sympathetic nerves.
8. Mention *three* examples of amyloid food. Describe in detail the changes that amyloid food undergoes in the process of digestion.
9. Define and illustrate (*a*) simple tubular glands, (*b*) compound tubular glands, (*c*) racemose glands.
10. What organs constitute the vocal apparatus? Explain in detail how they operate to produce and modulate the voice.
11. What arguments can be advanced in favor of wool as material for winter clothing?
12. In what part of an occupied room is the most impure air found? Explain.
13. How may public health administration be potent in preventing the spread of (*a*) smallpox, (*b*) diphtheria, (*c*) scarlet fever?
14. Mention in order of importance the different physical and the different chemical agents that are used for disinfection.
15. What are the possible results of the use of tobacco by growing boys in regard to (*a*) circulation, (*b*) vision, (*c*) air-passages?

CHEMISTRY.

Wednesday—9.15 a.m. to 12.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. How are the compounds containing two, three or four elements distinguished by name? Define hydroxid, hydrate.
2. Describe litmus, mentioning its source, the form commonly used in the laboratory and its reactions.
3. Define anhydrous, deliquescent, efflorescent, electrolysis, decantation.
4. Give the reaction of tannin with (*a*) preparations of iron, (*b*) gelatin.
5. Define specific gravity. What relation does the amount of solid matter in urin bear to the specific gravity of urin?
6. How does hydrogen exist in nature? Give the symbol, valence and atomic weight of hydrogen.
7. Give the source and characteristics of citric acid.
8. Give the formula, synonyms and properties of (*a*) mercurous iodid, (*b*) mercuric iodid.
9. Give the formula, preparation and properties of nitrate of silver. Mention a test for nitrate of silver.

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10. Give the treatment of poisoning by strychnin.
11. Mention the properties of (*a*) hydriodic acid, (*b*) hydrobromic acid.
12. How may the presence of mercury be detected in a solution?
13. Give the chemical difference between the blood in the pulmonary artery and the blood in the pulmonary vein.
14. Where is glycogen found? Give the properties of glycogen.
15. How do phenols differ from alcohols? State the properties and uses of phenol.

SURGERY.

Wednesday—1.15 to 4.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. Differentiate chancre, chancroid and venereal warts of the vulva.
2. Give the prognosis and treatment of epithelioma of the tongue.
3. Mention *three* methods of operativ interference in facial neuralgia. Describe *one* of the methods mentioned.
4. Describe the treatment and state the most common seat of fracture of the lower jaw.
5. Give a classification of the dislocations of the elbow and describe the mechanism for reduction of *one* form.
6. Define talipes and describe its different forms. Give the morbid anatomy of *one* of these forms.
7. Give the complications and treatment of varicose veins of the lower extremity.
8. Give the indications for laparotomy in gunshot wounds of the abdomen.
9. Give the clinical history of acute appendicitis.
10. Give operativ methods of treating retroversion of the uterus.
11. Describe the operativ procedure in mastoid disease.
12. Give the etiology, symptoms, prognosis and treatment of retropharyngeal abscess.
13. Give the causes and treatment of chronic ulcer of the leg.
14. Give the general points of difference between malignant tumors and non-malignant tumors.
15. Give the indications for intracellular injection of normal salt solution

OBSTETRICS.

Thursday—9.15 a.m. to 12.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. Give an anatomic description of the vagina. State the functions of the vagina.
2. Describe the formation and development of the placenta.
3. Describe the mammary glands and state the changes that occur in them during pregnancy.
4. Mention the phenomena attendant on rupture of a Graafian follicle.
5. Give the principal measurements of the fetal head at term.
6. How may a short funis complicate labor? State how such a condition should be managed.
7. Define vaginismus, vaginitis. Give the treatment of each condition.
8. Give the causes of delayed labor in the second stage and state how they should be overcome.
9. Mention the indications for the use of ergot in labor. How should ergot be employed?
10. Give the causes, symptoms and management of placenta previa.
11. Give some general directions for the care of the patient at the close of labor.
12. Define puerperal eclampsia. Give the causes and treatment of puerperal eclampsia.
13. Define ectopic gestation. Mention the varieties and give the management of ectopic gestation.
14. Give the causes and treatment of puerperal phlebitis.
15. Mention some of the anomalies of the maternal soft structures that may serve to obstruct labor, and state what should be done in each condition mentioned.

PATHOLOGY AND DIAGNOSIS.

Thursday—1.15 to 4.15 p.m., only.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. What pathologic changes occur in typhoid fever?
2. What changes occur in rheumatic arthritis?
3. Give the pathologic changes in varicose ulcer.
4. What physical conditions are conducive to the development and growth of bacteria? How are bacteri reproduced?
5. What pathologic changes occur in the air-cells durin pulmonary hepatization?
6. Describe (*a*) fibrinous inflammation, (*b*) diphtheriti deposit.
7. Definite adenoma. In what tissues do adenomat occur?
8. Describe the tuberculous lesions of bone.
9. Differentially diagnose gastric ulcer and cancer of the stomach.
10. Give the pathology and diagnosis of hydrocele.
11. Give the significance of jaundice as a diagnostic symptom.
12. Differentially diagnose variola, varicella, scarlatina.
13. Give the symptoms of uremia.
14. Compare the symptoms of opium poisoning with the symptoms of cerebral hemorrhage.
15. Give a medicolegal definition of surgical shock.

THERAPEUTICS, PRACTISE AND MATERIA MEDICA.

Friday—9.15 a.m. to 12.15 p.m., only.

"... in therapeutics, practise and materia medica all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate, and shall be in harmony with the tenets of that school as determined by its state board of medical examiners."

Laws of 1893, ch. 661. sec. 146.

Questions prepared by the Board of Examiners representing the Eclectic Medical Society of the State of New York.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. Give the botanic name of sweet sumac and state, with doses, the preparations used in medicin.
2. Give a treatment of epistaxis.
3. Mention some of the specific glandular remedies.
4. Give the treatment of moist eczema.
5. What parts of the witch-hazel are used in medicin? Give the preparations.
6. Give the symptoms of secondary syphilis. Mention the specific alterativs in the treatment of syphilis.
7. Give the botanic name and the therapeutic use of male-fern.
8. Mention the drug recently used with success in the treatment of opium poisoning, and state its dose.
9. From what is cocain obtained? State the therapeutic uses of cocain.
10. Write a prescription for alcoholic gastritis.
11. What is the source of iodin? Mention some of the preparations of iodin.
12. Mention the specific remedies in a case of uremic coma.
13. From what is glycerin obtained? State some of the therapeutic uses of glycerin.
14. Mention some of the varieties of vertigo. Give the specific treatment of each variety mentioned.
15. Give the preparations of ipecac and state their physiologic actions.

Questions prepared by the Board of Examiners representing the Medical Society of the State of New York.

Answer any ten of the questions on this paper but no more. *Check the number (V) of each one of the questions you have answered.*

1. Criticise the following prescription:

℞ Date

Tr. kino	ʒij
Tr. ferri chloridi	ʒss
Aquae q. s. ad	ʒvj

M.

Sig. ʒij thru glass tube after each meal.

Signature

2. Define stomatitis and mention its varieties.
3. State the dose of (*a*) purified aloes (*b*) extract of aloes (*c*) tincture of aloes.
4. Mention the therapeutic uses of antipyrin.
5. In what principal forms does influenza manifest itself?
6. State the composition and the dose of syrup of squill.
7. Mention the therapeutic uses of oil of sandalwood.
8. Define subjectiv symptoms of disease, objectiv symptoms of disease.
9. State the source and the therapeutic uses of saccharin.
10. Mention the therapeutic uses of santonin. What dangers attend the use of santonin?
11. Outline the symptoms and treatment of tubercular peritonitis.
12. Describe nux vomica and mention its alkaloids.
13. Discuss the action of astringents on alimentary tissues.
14. State the causes and symptoms of edema of the glottis.
15. Mention the chief alkaloid or alkaloids of (*a*) belladonna, (*b*) calabar bean.

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estions prepared by the Board of Examiners represent-the Homeopathic Medical Society of the State of New rk.

swer any ten of the questions on this paper but no more. *ck the number (V) of each one of the questions you have swered.*

Give the therapeutic uses of ailanthus.
Describe the calcaria phosphorica diarrhea.
Give the indications for *three* remedies curativ in facial erysipelas.
Give the characteristic throat symptoms of hepar sulfuris.
Give the therapeutic uses of lachesis.
What symptoms are produced in female genitalia by sepia?
Mention the leading symptoms of helonias.
How should a case of sciatica be treated?
Give the treatment of general peritonitis.
Describe the cough of squill.
Give the general characteristics of kali carbonicum.
Give the indications for apis, arsenicum, capsicum and eupatorium perfoliatum in the treatment of intermittent fever.
Give the therapeutic uses of cina.
Give the indications for *three* remedies curativ in whooping-cough.
How should a case of angina pectoris be treated?

Opportunities for Young Physicians.

At the present time there exist forty-nine vacancies in the Medical Department of the U. S. Army. The lack of army surgeons is embarrassing to the department in view of the spread of cholera in the Philippines. To young medical men about to embark upon the uncertain sea of practise this is an opportunity for obtaining a competency, providing they have the necessary qualifications.

Medical Men as Investors.

There is perhaps no class of men who are considered quite as gullible as medical men. No matter how improbable a scheme a clever promoter may have, he always figures on interesting in it a number of physicians. Doctors are constantly being approached to make investments in all sorts and manners of schemes. These various enterprises may be gold mines, manufactories, cooperative pharmacal companies; in fact, anything in the business world. One of the favorit schemes laid before the physician is the cooperativ investment in some form of wholesale drug business. He is told in glowing terms how such a business is certain to succeed owing to the fact that only physicians will be stockholders, and they naturally will aid it by prescribing only such articles as are manufactured by the concern. To many medical men this form of investment appeals strongly. They little realize that they are being exploited by some clever individual or company. It is not to be thought that we are arguing against physicians purchasing stock in ethical and recognized drug firms, for there are many such in this country whose stock would be a valuable asset to any one, but to the many companies that are constantly springing up who manufacture two or perhaps three proprietary articles which are foisted upon the medical profession under fancy names. Medical journals teem with the advertisements of these companies, and it is only to be marveled at that they live as long as they do. Prescribing fixed formulas is to be deprecated, as the best results are only obtainable by prescribing independently for each patient, and the fewer drugs in a single prescription the better.

Doubtless it is due to lack of business acumen among physicians that they allow themselves to be drawn into enterprises of which they have no knowledge whatever. They little realize that when they become stockholders in a manufacturing concern of this character they may render themselves liable to an amount far in excess of their original investment. To the fortunate few who practise medicin and are able to accumulate a little over and above what they require to live on, it may be said that productiv real estate or first mortgages thereon offer the best investment for one who is not conversant with modern business methods. These, however, have their drawbacks, owing to the almost constant care which has to be bestowed upon them to make them profitable. Tenants disappear leaving unpaid balances behind them, and the defaulting of the payment of interest on mortgages involves time and trouble to adjust. Bonds or stocks in good reliable local enterprises offer perhaps the best and safest investment for the medical man. To be sure the rate of interest on such investments is low, but the minimum of risk to holders is a thing to be given consideration. To the great mass of practicians who are not greatly burdened in finding ways and means to invest their surplus, it may be said that the best investments they can make are the purchasing of the latest instruments and books, subscription to as many first-class medical journals as they may have time to read with profit, and to take, every few years, a trip to some medical center and there remain as long as possible, thus combining pleasure with profit.—Editorial in The Medical Age.

Malarial Fever From Drinking Marsh Water.

In 1834 eighteen hundred soldiers, all in good health, embarked in three vessels to pass from Bona in Algiers to Marseilles. They all arrived at Marseilles the same day. In two vessels there were 680 men without a single sick person. In the third vessel, the Argo, there had been 130 men; thirteen died during the passage, and of the 117 survivors no less than ninety-eight were disembarked with all forms of paludal fevers. This was due to the water supply. In the two healthy ships the water was good, but the soldiers in the Argo had been supplied with water from a marsh, which had a disagreeable taste and odor.

Diet in Typhoid Fever.

Of equal importance to medication is diet; such diet as will sustain the life of the patient and give the bowels as little work as possible. Milk is the best of anything I have used. Give it frequently, in small amounts, and ice cold if grateful to the patient, varying with broths without grease, and fruit juices. But our patient soon tires of these. He will tolerate milk for a week or ten days, and then the mention of it nauseates. Broths wear out still sooner. When all have given out I have found that ice cream will be gratefully received by the patient longer than any other nourishment, and I have never seen any bad results; but on the contrary it does good, is well borne, and I have thought at times modified the disease. It should be homemade, that plenty of rich cream and raw eggs be incorporated. Feed in small quantities and often, varying the flavor to suit the patient's taste.—Dr. W. H. Baldwin, of Quincy, Mich., in Alk. Clinic.

Recent Books.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By George F. Butler, Ph.D., M.D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth edition, thoroly revised. Handsome octavo volume of 896 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $4.00 net; sheep or half morocco, $5.00 net.

In view of a larger experience, resulting in more definit conclusions, numerous modifications have been made in the expressions of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serumtherapy, and cognate subjects have been enlarged and carefully revised. Perhaps the most important addition is the chapter on the newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added to the simpler relations of chemical structure to drug-action. The intrinsic merit of the work has won a high place. Novel in its scope and arrangement, it is one of the best of its class, and has features no other publication possesses.—A. L. R.

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A Text-Book of the Surgical Principles and Surgical Diseases of the Face, Mouth, and Jaws. For Dental Students. By H. Horace Grant, A.M., M.D., Professor of Surgery and of Clinical Surgery, Hospital College of Medicin; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operativ procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist. The work includes such emergency procedures as not alone the dentist and physician, but also the layman, may be called upon to perform. These have been described in clear, concise language. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed. Surgeons pay too little attention to this special line, and such readers will find many suggestions not familiar to them.—A. L. R.

The Treatment of Fractures. By Chas. L. Scudder, M.D., Assistant in Clinical and Operativ Surgery, Harvard Medical School. Third edition, revised and enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Polished buckram, $4.50 net; half morocco, $5.50 net.

This book is intended to serve as a guide to the practician in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with fractures. The attention of the student is diverted from theories to the actual conditions that exist in fractured bones, and he is encouraged to determin for himself how to meet the conditions found in each individual case. Methods of treatment are described in minute detail, and the reader is not only told, but is shown, how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 645 of them, all from new and original drawings and reproduced in the highest style of art. In this edition several new fractures have been described, and an excellent chapter on Gunshot Fractures of the long bones has been added. The reports of surgeons in the field during the recent wars have been carefully digested, and the important facts regarding fractures produced by the small caliber bullet have here been concisely presented. In many instances photographs have been substituted for drawings, and the uses of plaster-of-paris as a splint material have been more fully illustrated. In its new form, the work fully maintains the deserved reputation already won.

Saunders' Question Compends.

Essentials of Diseases of the Ear. By E. B. Gleason, S.B., M.D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc. Third edition, thoroly revised. 16 mo. volume of 214 pages, with 114 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $1.00 net.

The book will be found of service, not alone as an aid to the student, but also to the physician who wishes to take a postgraduate course in otology, enabling him to acquire the rudimentary facts of the science with as little preliminary reading as possible. The essentials of otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been brought absolutely down to date by a thoroly scrupulous revision; only such methods of treatment being included that have personally proved efficacious in the majority of cases. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition. The illustrations—many from original drawings—have been selected with the aims of the book constantly in view; and they form a very commendable feature of the work.

Essentials of Histology. By Louis Leroy, B.S., M.D. Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second edition, thoroly revised and greatly enlarged. 16 mo. volume of 268 pages, with 92 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $1.00 net.

This work has been designed not only as an aid to the beginner, but also to help the practician, who, having graduated at a time when histology was not taught in all the colleges, desires to gain sufficient knowledge of the subject to facilitate his better understanding of pathology. Both these aims it admirably fulfils, as is evidenced by the demand for a second edition in so short a time. In this edition a number of new original illustrations, mostly photomicrographs, have been inserted. The chapter on technic has been enlarged, a description of the appendix and rectal valves added, and the entire chapter, as indeed the entire book, thoroly and carefully revised. The work in its present form stands as a model of what a student's aid should be; and we unhesitatingly say that the practician as well would find a glance thru the book of lasting benefit.

Saunders' Medical Hand-Atlases.

Atlas and Epitome of Traumatic Fractures and Dislocations. By Professor Dr. H. Helferich, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited, with additions, by Joseph C. Bloodgood, M.D., Associate in Surgery, Johns Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts and 358 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00 net.

This worthy addition to Saunders' Series of Hand-Atlases will be found of inestimable value in facilitating the student's introduction to the important department of fractures and dislocations, and as a ready reference book for the use of physicians in general practise. This department of medicin being one in which, from lack of practical knowledge, much harm can be done, and in which in recent years great importance has obtained, a book, accurately portraying the anatomic relations of the fractured parts, together with the diagnosis and treatment of the condition, became an absolute necessity. The work before us fully meets all requirements. As complete a view as possible of each case has been presented, thus equipping the physician for the manifold appearances that he will meet with in practise. The author has brought together in this work a collection of illustrations unrivaled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the x-ray shadow, the anatomic preparation and the method of treatment. We

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have no doubt that the book will be received with the favor it demands, filling, as it does so admirably, a want long felt.

Grayson's Diseases of the Nose, Throat and Ear. A treatise on the diseases of the throat, nose and the associated affections of the ear. By Charles P. Grayson, M.D., Lecturer on and Instructor in Laryngology, in the Medical Department, University of Pennsylvania. In one 8vo volume of 549 pages, with 129 engravings and 8 colored plates. Cloth, $3.50. Philadelphia and New York: Lea Brothers & Co., 1902.

Here is a book with a personal element about it that cannot but prove helpful to the busy practician who is eager to serve to the fullest his many sided clientele. It is not a reference work; neither is it given up to the exploitation of the newest fads and fancies in this important field. That which distinguishes the book from most of its kind in the straightforward way in which the author sets down the convictions that have crystallized out of his own experience. He has succeeded in that hardest of things: the putting of one's self into a book. The work is not intended for specialists, but for the all-round man who desires that his books shall be to him friends and counselors—"present helps in time of trouble." To the beginner in nose and throat work, it will prove no less valuable. The clinical way in which most of the diseases of the nose and throat are treated of, will lend to ready grasping of the author's viewpoint. Also, the clearness with which the treatment is laid down, and the desire to reduce it to the utmost simplicity, cannot be too highly commended. The book abounds in uncommon good sense, and should win for itself a wide acceptance. Much praise, also, is due the publishers for the splendid way in which the book is made.—WENDELL REBER, M.D.

General Paresis, Practical and Clinical. By Robert Howland Chase, A.M., M.D., Physician in Chief Friends' Asylum for the Insane; late Resident Physician State Hospital, Norristown, Pa. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $1.75.

This is a 12mo. of 290 pages, illustrated. It can not be measured by any definit standard, since it is the only book of its kind extant. There are others similar, but modeled after vastly different plans. It takes up paresis in its beginning stage and traces it thruout its course to a termination. It has eighteen chapters and an index. The book is well written and instructiv. The cuts are particularly apt in portraying the expression seen in different forms and stages of the disease.—A. L. R.

Diseases of the Stomach. By John C. Hemmeter, M.D., Ph.D., with many original illustrations, a number of which are in colors, and a lithograph frontispiece. Third enlarged and revised edition. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $6.00.

Contains 873 pages, with list of authors referred to and an index. The author's synopsis of his scheme of examination is one of the most valuable features of the book. New material is added on ulcer and carcinoma and a new chapter on gastric lipase. He has endeavored to sift the wheat from the chaff which the books publisht since the former edition. It is a superb work, and will remain a classic.—A. L. R.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared articles. J. B. Lippincott Company, Philadelphia and London. Cloth, $2.00.

Vol. I, 12th series. This issue follows the usual excellent trend. The illustrations are much better than in former issues. Those connected with the sketches of Drs. Mitchell and Wyeth's life and practise are notable. The latest features of medicin, surgery and gynecology are toucht upon.

Vol. II of the 12th series is notable for its short and complete articles on the latest developments in medicin. Dr. Lepine suggests a classification of diabetes from the presence of aceto-acetic acid, and differentiates treatment accordingly. Dr. Romme, of Paris, has a short article on prothesis and reports interesting and successful cases. Passiv motion and massage in fractures by Lucas-Championniere is novel enuf to provoke criticism by American surgeons. Resection of the cervical sympathetic in Basedow's disease is well written upon and illustrated by Dr. Jonnesco.

Vol. IV of the 11th series is an interesting one. It contains 107 illustrations and a number of formulas. The symposium on infant feeding is worthy of preservation.—A. L. R.

A Text-Book of Practical Therapeutics. With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (9th) edition. In one octavo volume of 851 pages, with 105 engravings and 4 colored plates. Cloth, $4.00; leather, 5.00; half morocco, $5.50, net. Lea Brothers & Co., Philadelphia and New York.

This is one of the best books ever put out by the Lea firm. From cover to cover it brims with the latest knowledge classified skilfully, and revealing the hand of a master of the art of medicin. Hare's work need not be commended, yet in this ninth edition he seems to have eclipst himself. Binding is tasty; typography correct; no detail is omitted; new ideas are embodied without disturbing the old trend; no better work is extant along this line. Not satiated with issuing such a superb masterpiece, Hare has gathered about him a galaxy of world-famous stars: Hirst, Martin, de Schweinitz, and others of equal eminence lend a hand and complete the superb volume. Its omissions and faults are not worth mentioning. We admire this book more than any other in its class which has dropt on our reviewing table in many years. It is a gem almost beyond criticism.—A. L. R.

Our Monthly Talk.

In the death of the venerable and illustrious Virchow the medical world has lost its most brilliant light. This is universally acknowledged in every civilized country. He was the father of modern pathology, and as we all know, pathology is the basis of the modern concepts of disease and its cure. He was not only a pathologist, but a broad man of science as well; as an anthropologist he was a leading authority.

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"His works, over 125 large volumes, and a thousand pamphlets, give the history of medicin and anthropology during the past sixty years." This sentence, quoted from an elaborate article on his life and work, illustrates his immense work in these two fields. What I wish to call attention to in this connection is, that amidst all this stupendous work, he found time to be what we might term the model citizen of his city and his country. For forty-two years he was a member of the Berlin Municipal Council, and for many years he was also a member of the Prussian Lower House and of the German Reichstag. In all these positions he was a leader, and by his voice and pen took a leading part in agitating the public questions of his time. In 1849 he was dismissed from his position in the Berlin University on account of his political affiliations, but in 1856 he was recalled and given a professorship, in spite of the fact that his political activities did not cease. At one time his criticisms of the war policy of the Government were so caustic that Bismarck challenged him to fight a duel. Let the life of the great Virchow be an answer to the little croakers that we sometimes hear say: "I am doing *scientific* work. I haven't time for politics or the discussion of public questions. They are quite out of my line." In examining the life of Virchow I find a very interesting fact. I thought that I was the only one that ever combined politics and medicin in the same magazine. I find that "in June, 1848, with Leubuscher, he edited a paper, both medical and political, called *Medicinische Reform.*" Let only men who confess themselves not large enuf to be *both* a medical man and a citizen be *only* a physician. At the same time, let such men confess that they are not fit to live in a country like this. They ought to go to Russia or China, where they would be *prohibited*, if necessary, from taking any active part in public affairs.

The Movement in This Country.

In this country, doctors are giving more and more attention to public affairs, and the number of doctors placed in public positions is rapidly increasing. Burlington, Vt., has a doctor mayor. I think he is now serving his second or third term. This became known to me accidentally. I met him at the meeting of the American Medical Association at Saratoga last June. Perhaps many other cities and towns thruout the country have doctor mayors. The democrats of Rhode Island have nominated for governor Dr. L. F. C. Garvin. The Doctor has been a member of the legislature for several years, and has been conspicuous in obtaining legislation favoring the laboring classes. The following portions of the platform are given in the Philadelphia Ledger:

> "The democrats believe that the soundest principles of government require the adoption of the initiative and referendum; the abolition of all property qualification to vote; home rule for the cities and towns; municipal ownership of public utilities, street railways, electric and gas lighting plants; education by enforcement of the compulsory education laws, and which necessitates the providing of sufficient funds to allow every child to attend school; taxation of corporate and private property; the enforcement of all laws, especially those which pertain to the health and happiness of the people—the factory inspection law.
>
> "The democratic party is opposed to government by injunction, and favors the election of Senators of the United States by the people.
>
> "The democratic party pledges itself to stand in the future for every law which ameliorates the condition of the working classes, especially those laws which relate to shortening the hours of labor."

The Pacific coast is doing its share in this direction, too. The republicans of California have nominated a doctor for governor—Dr. George C. Pardee. But that is not all. The competing candidate for the nomination was also a doctor—Dr. W. F. McNutt. I regret that I am unable to give any part of the platform, but I learn that the nominee, Dr. Pardee, has been Mayor of Oakland, and is a regent of the State University. In this connection, the following clipping from an editorial in the Pacific Medical Journal will be of interest:

> There is a sentiment in the profession and in the laity to the effect that the medical man should not engage actively in public affairs. This is a mistake. The profession of medicin does not unfit a man for the performance of public duties, and this reticence and modesty on the part of the profession have lessened our influence in public matters. The medical profession, if united and activ, could accomplish wonderful results in reforms, and at the same time enhance measures for its own benefit and protection. Medical men, therefore, in this state are *to be* congratulated that one of their number has been selected to go before the public for this high office. They should rally to his support, and if they do, there will be no question of the result.
>
> The medical profession, the members of which have the entree to every family, can, by a word, wield an influence that is irresistible. Our position in government affairs is not as prominent as it should be, and our claims are constantly ignored. This is our fault, because we have not used the power that lies in our hands. The politicians neither fear us nor respect us, because we are not united. We oppose each other and by such position nullify all our strength. The profession should rally at this time and stand by each other. Our profession is certainly as dear to us as our party.

Yet some old "mossback" will say that we doctors should *serve humanity* and let politics alone. Virchow, during his forty-two years' activ service as member of the Berlin Municipal Council, was instrumental in revolutionizing the sanitary life of the city. The admirable water system, the thoro drainage, the establishment of municipal sewage farms outside of the city—all these things and many other things for the health of the great and growing city of Berlin were due more to the knowledge, skill and activity of this one great man than to any other influence. Where is the medical man who has done as much as this for humanity by keeping *out* of politics? Here was this pathologist, a professor, a scientist, a writer and teacher, a world-wide authority in his own and other sciences, who did not hesitate to go into the "mire" of local politics and thus do more for the health of his city than all the other doctors in the city. There is one thing better than curing people; and that is, making conditions so that they can live pure and wholesome lives, so that they will not *need* curing. Every community needs this kind of service from its doctors. Is there any better way of serving humanity than this?

Vermont Doctors in Politics.

There never was a time when so many physicians were evident in politics as now. Whether this condition is due to a more plentiful supply of doctors, or to the fact that the people are just awaking to the especial fitness of physicians for positions of trust, we are not prepared to say. But it is a healthy sign for the medical profession and many benefits will accrue to both the profession and the laity. And it is

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ly about time that a profession so important, numeri- ly and otherwise, began to make itself felt in solving blic questions. We have been in the background of pub- matters too long for our own good. Here, then, is succes d honor to every doctor who has the nerve and ability to ke himself a political factor and power in his commu- y. May he bring to his public and political life the same ributes that we are proud to claim for the medical pro- sion.—Vermont Med. Mo.

Medicin and Politics.

Upon reflection, it must appear strange to any one that hysicians do not interest themselves more in public affairs. ot alone do their education and their perpetual contact ith persons of all classes give them excellent opportunities r forming opinions concerning the general welfare, but hey are, as a rule, close students of the newspapers and are xceptionally well informed on current events. But in- ead of using this knowledge for the advantage of their fellowmen, they have for ages been deterred by tradition om participating in an activ way in the political life of heir communities. The reasons for this attitude are, how- ver, not alone traditional. The profession of a politician n such bad repute in our day, particularly in large cities, hat a physician, jealous of his good name, shuns to have hat at present opprobious term applied to him. There is ossibly another reason, namely this: the leaders of the rofession are, for the most part, too much engrossed in their ocial work to concern themselves with public matters. If a few of our great medical men were to enter politics, the erm "political doctor" would soon cease to be one of re- roach.

In Europe the physician is much more of a factor in both ivic and national politics than in this country. Virchow as for almost two generations been an activ champion of he people, and has been their ablest representativ in the Reichstag; indeed, so highly esteemed has he been that it as often been said he would have been its first president ad Germany become a republic. There are also many thers in that country, of lesser note, who, while maintain- ng their professional reputation, have fought for the wel- are of the people in the political arena. In France there are no less than 56 physicians in the Chamber of Deputies; s the total number of Deputies is 591, the percentage of edical men is nearly 9.5. In Italy a physician has even eached the dignity of a cabinet minister. To him, certainly, does not apply the stricture contained in the statement of a British medical man, who warningly told a fellow-physician nterested in politics that medicin was a jealous mistress; or Guido Baccelli is not only one of the ablest members of the Italian ministry and one of the greatest Latinists of the age, but he also ranks with the stars of the first magnitude in the medical firmament and is constantly engaged in ad- vancing the welfare of the people simultaneously in the capacity of statesman and of physician.

We sincerely hope for more activ participation in public affairs on the part of physicians, and that the members of the medical profession, both as a body and individually as enlightened citizens, will make their influence felt for good in city, state, and nation. In nearly every community there are two political elements — not necessarily parties — to choose from. Let physicians in the choice not sin against their own light.—American Medicin.

Public Finances.

We used to say, "competition is the life of trade." We now know that the circulating medium is the life of our industrial system, just as the blood is the life of our physical system. We have congestions of money, just as we have congestions of blood; so have we anemia of both. Money should be issued and circulated for the benefit of the whole country, just as the blood should be distributed and kept in motion for the health of every part of the body. Instead of this, money is controled by private interests, for private interests. This plan is so abnormal that it is a wonder that we get along as well as we do. The following is part of an expression that was gotten from the Secretary of the Treasury a couple of months ago:

"Let me give you some facts without comment. You go out to the farmers and ask them how they are getting on. They will tell you that they were never so prosperous. They are out of debt and have plenty of money. Ask them where their money is and they will tell you it is in the local banks. Call at the country banks and inquire into their condition, and their officers will tell you they are all right. Money plentiful and reserves above 40 per cent. 'Where is your money?' 'Oh, it is in the banks of Omaha, Minneapolis, Kansas City, etc.'

"Next you go to the bankers in Omaha, Kansas City and Minneapolis, and they will tell you the same thing. They are in good shape; reserves 35 per cent. 'Where is your money?' 'In Chicago.' Now go to Chicago. Same story. Banks all right. Reserves 30 per cent. But the money is in New York.

"Finally, pursuing your inquiries in New York, you will find that both deposits and loans have been enormous. The money is not in the banks. There are only six national banks in New York that have not been below their legal reserves since January 1. You want to know where this money is? Well, $450,000,000 is loaned by national banks on the bonds of industrial corporations. These corporations issued bonds instead of stocks because the national banks can take the former and can't take the latter. Intrinsically they are no better than stocks. In most of them there has been a lot of water-curing. Here you see where $450,000,000 of the country's surplus stands against a lot of undigested, promotion-produced securities. The trust companies have put out millions more in the same way.

"That is where we stand. It is all right so long as it is all right. But I don't want to see anything happen. I don't want to see these industrials begin to topple over, to fall against one another and come down in a heap like children's play-blocks. And this is one reason why I am opposed to a tariff revision agitation that might start things going the wrong way."

Since then, fever, unrest, uncertainty—a decided panicky condition—came over speculation in Wall street. The Secretary of the Treasury was appealed to for relief. Did you ever notice that financiers and speculators do not hesitate to call upon the Government for relief whenever they get in a tight place? but did you ever hear of farmers and other producing classes appeal to the Secretary of the Treasury for financial relief? If a farmer fails to meet his obligations he may expect the sheriff to come and seize his property; but financiers and speculators expect the United States Treasury to advance funds to them (without interest) to tide them over. Yet these are the very people who object to Government savings banks, telegraph, railroads, etc., because those things would be "paternal!" Are they afraid that farmers and other "common people" will get some of the paternalism, and that there won't be so much left for themselves? Did you ever notice that the classes that object the most strenuously to the further extension of "paternalism" are the ones that are now getting more benefits from paternalism than all other classes? The bankers say that the Government should not go into the banking business. They *want* all the advantages of issuing and controling the circulating medium (distinctly public functions, which should be conducted by the Government in the interest of all), and then the banks want the Government to deposit public money with them without interest, so they can loan the same to the people, at interest, of course! The farmer and manufacturer would like to get money without interest—but no, that would be "paternalism!" That would never do in the world. And when these favored financiers get in a tight place (they get in tight places oftener than any other class), they do not hesitate to ask for still more favors, and they usually get them. That is just what has happened lately. A modification has been made of the usual terms upon which such deposits have been made in the past, so that such deposits might be increast, and they have been increast. I wrote to the Treasury Department for information, and learned that on October 7 the total amount in national bank

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depositories, *drawing no interest*, was $137,822,625.62. These deposits are amply secured by bonds—Government bonds and other acceptable securities; but these bonds continue to draw interest, *not* for the Government, but for the owners, the depository banks. Don't you wish you could deposit the deed to your farm with the Government, and ask the Government to "deposit" with you, without interest, about 65 per cent of the value of your farm? With this you could pay off any mortgage of like amount that there might be on your farm, and thus be relieved of paying interest on the mortgage, and continue to have the use of your farm, just the same. But no: that would be "paternalism!" No. Paternalism is not for you. But if not for you, why for anybody? Why, to keep money in circulation, they say. But isn't it funny that that always means a special favor to financiers? What are financiers? They are those who know how to get special favors for themselves from the Government, and keep others from getting the same favors.

Are your patients financiers, or "others?" Do your interests lie with the financiers, or with the "others?" Have the financiers got all the votes? They seem to get all the favors.

DR. C. F. TAYLOR:—Dr. Henry E. Wright's objection to your argument in favor of Government ownership of railroads is well taken, altho not quite clear as to actual facts. He says that the purchase money which the Government would have to pay to the owners of the railroads would then be private capital, which is very true, and as such, at once go to monopolize our food, clothing and other necessaries of life. Is Brother Wright not aware of the fact that these things are to a great extent already monopolized? Or has he never heard of the meat trust, the sugar trust, the flour trust, the oil trust, the steel trust, the leather trust, the coal trust, etc., etc.?

He is perfectly correct, however, in contending that, as long as the trust is to be paid by the Government at a fair valuation, which means of course the real as well as the fictitious value, or watered stock, the trust will remain in possession of the tremendous wealth which they now control; that is to say, that the few trust magnates who will hold the bonds which the Government will issue in payment for the railroads will be the real owners, while the Government will be owner in name only. Thus the Government will simply manage and pay the running expenses of the business for the holders of the railroad bonds, the latter drawing their dividends the same as before, only under the name of interest. Moreover, these bondholders, thru their tremendous wealth, will continue to control all the powers of Government, and thru their political tools will be in a position then, as they are now, to get all the Government favors which they may desire for their private business, and the trustification of the necessaries of life will go on at an increased ratio.

You pretend to answer Brother Wright's objection by saying that in other countries where the railroads are in the hands of the Government the danger of trusts is not known. In the first place, such a comparison is hardly admissible. You cannot very well compare this vast young Republic with its enormous resources, its great wealth, its extraordinary commercial development, to an old world country where the reigning family and the feudal system of nobility greatly tend to check the evolution of the trust. But even there the trust idea is gaining ground. In a country like Germany, for instance, the kartels (trusts) are getting bolder every day. Just now the German Government is seriously engaged in an investigation of the methods of the kartels, thus recognizing their importance and danger.

No wonder, as Dr. Wright truly remarks, that the trusts are looking with favor at this kind of Government ownership, because it involves no loss in money or power for them, and can be of no appreciable advantage to the people. Still, let us have Government ownership if we must have a practical object lesson. M. SCHOTT.

No. 162 East 74th Street, New York.

Comparativly feeble imitations of our trusts are being attempted in some other countries, but they lack a great helper, the railroads. The coal trust, for example, would not be so firmly intrencht if we had Government railroads. The railroads control the coal business; or rather, the coal business is controled thru the railroads. I have known many instances where private enterprises were held back on account of the fact that if they were developt, they would be entirely at the mercy of the railroads. Not so, if the railroads were really and truly public.

The government should not purchase "water;" it should purchase property only, even if it should have to build a few competing lines as "object lessons." With the railroads of the country operated harmoniously, as a unit, for the service of the people, what changes would we see? A package post system would take the place of all the express companies, at about one-third the cost. Small places would not be discriminated against. Rates for both passengers and freight would be uniform and steady. The rich and the poor would be served alike, and at the same price—no rich dead heads. The German people would not think of going back to the private system of railroads. Can we imagin the benefit to the farmer, and to every one else, coming from freight rates that would rob neither producer nor consumer? Which rates are the best for the interests of the general public: all the traffic will bear? or, the cost of the service?

A New Tulip Bed.

Mr. Charles M. Schwab has "made" $18,500,000. He bought the Bethlehem Steel Works for $7,500,000, so it is reported. He has "sold" it to the Shipbuilding Trust for $26,000,000 in its securities, or, as the report runs, for $10,000,000 of trust deed certificates, $8,000,000 of preferred and $8,000,000 of common.

This is the way people once "made" money in the tulip mania in Holland. Every one concerned "made" a lot of money until some foolish man tried to realize. Even Mr. Schwab cannot eat the shares and bonds of the Shipbuilding Trust. They will not do for wall paper. The trust can make no more money than the business of its separate plants can make united, and there is not one of them but, to the knowledge of all men, has had—and not long ago—the driest of dry years.

This money can be "made" only by selling these securities to the public. Will the public buy? It has seen Asphalt smash, it has watched Rubber go down, and it sees even the great Steel Trust hanging at prices which are ridiculous if people really believed that full years in iron and steel can last.

If the public does not buy this money will not be "made." It will go where went the money "made" in tulips, in South Sea securities, in mines and the New York realty crase and the Western realty booms about Indianapolis and other western cities in 1873, in California lands in 1883, and in a great array of southern land sites and mines in 1893.

The above very suggestiv remarks are clipt from the Philadelphia Press, a very staunch republican paper. However, there are other ways in which trusts can make money: by raising prices, as the beef trust and many other trusts have done, and by reducing or keeping down wages, as the coal trust is still (Oct. 10) trying to do. However, these things are done to give value to (pay interest upon) their inflated securities. However, there are some legitimate advantages that the trusts may have: for example, the closing of unprofitable mills, and the economies arising from the concentration of production at the place or places possessing the greatest advantages.

Traveling in Europe is stupid or interesting, largely according to what kind of company you go with. Dr. Frank Kraft, of 57 Bell avenue,

(*Continued over next leaf.*)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

O. F. TAYLOR, M.D., Editor and Publisher.
A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, publisht in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritativ works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservativly adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language

A War Legacy.

The continuance of smallpox in so many localities thruout the summer months is prima facia evidence pointing to the strong probability of its assuming a widespread prevalence again during the winter months. Besides, the indications are that the disease will be characterized by an increast mortality and violence wherever it makes it appearance. Prevention is the best "cure," and vaccination, isolation and fumigation, especially vaccination, are the means.

How many realize that this disease is a part, and a very serious part, of our "war debt?" The powder and ball destruction in war is a very small part of the bitter consequences of war. Yet the uniformed participants receive all the plaudits, all the glory!

The reason that the poison is becoming more virulent each winter is that the germ seems to be very mild in a hot climate, but cold winters increase its virulence. When it was imported from Cuba it was so mild as to not be recognized as smallpox as we had known the disease. However, after much discussion, the experts finally decided that it was genuin smallpox, but they had some difficulty in convincing the profession. Now that the germ has become acclimated we hear no more of "Cuban itch." The merest tyro in medicin can make the diagnosis.

Let all cities and communities profit by the experience of the past two or three winters of various localities, where the disease assumed serious proportions before

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radical measures were inaugurated for its control. The history of one year's contact and experience with the disease by the city of Cleveland, Ohio, should be an object-lesson to all. In this city, vaccination was discontinued and simple fumigation depended upon for the suppression of the disease. The reason for this was, perhaps, under the prevailing circumstances, pardonable to a certain extent, yet as a result, during the past six months the city has been visited by the most severe outbreak of the disease, with higher mortality than occurred in the experience of any city of our country of late years.

Such radical means should be employed that will be National in its application, that the disease may be blotted out from our land. The authorities of the Nation, of each state, territory and municipal district, should inaugurate an activ warfare against the disease. Measures should be put into effect that perfectly reliable and pure vaccine virus may be obtainable and none other, and that thoro vaccination, isolation and efficient fumigation may be employed that the people may be properly protected from danger of the malady.

Let every member of the medical profession in activ practise be ever on the alert, to at once recognize any case of this disease that should come under his care, even in its most mild, modified or irregular forms. The real success in preventing the spread of the disease depends upon the general practician; for it is to him that it is first presented for diagnosis and detection.

Rhinitis, or Nasal Catarrh.

Probably no word in the entire nomenclature of medicin has been allowed greater latitude, and is consequently more often misapplied than the well worn term, catarrh. Any mucous membrane in the body may become "catarrhal," yet the characteristics of such a condition vary so greatly, owing to the tissue affected, that it would be better if more definit and distinctiv terms were employed. In catarrh of the naso-pharyngeal tract the words laryngitis, pharyngitis and rhinitis, with the addition of acute, subacute or chronic, as the case may be, are admirably descriptiv. Perhaps there is no valid objection to the use of the word coryza to describe the acute form of nasal catarrh, and this would admit of the term rhinitis being used only to describe the chronic rhinitis or true catarrh of the nasal passages. If we have been careless in nomenclature, we have also been neglectful in diagnosis and therapy. Few general practicians are equipt with the illuminating facilities, specula and mirrors necessary for diagnosis of rhinitis, and many who are so equipt do not have the skill or experience to carry out a complete examination and diagnosis. Naturally, then, their treatment of this condition is frequently unsatisfactory to both themselves and their patients, and in time they neglect such cases or refer them to the specialist.

A good head mirror, a set of assorted sizes of laryngoscopic mirrors, a tongue depressor, a probe, a good lamp, and a few nasal specula, constitute a satisfactory outfit for diagnosis, and suitable applicators are needed for treatment. These may be purchased at an outlay of a few dollars. It is surprising how soon one may acquire a reasonable amount of diagnostic skill, with the aid of some of the modern low priced text-books on the subject and the embracing of every opportunity offered for making an examination. Many patients may submit to a complete examination of the nasal cavities without suspecting that they are being used for purposes of clinical study, and the practician who follows this plan will be astonisht at the number of obscure cases that will clear up under such an examination. Abnormal conditions are frequently found where nothing pathological had been suspected to exist.

Acute rhinitis or coryza—the common "cold in the head"—is most frequently the result of exposure to cold or dampness, but may also appear as a result of inhalation of dust or irritating vapors, follow the excessiv ingestion of the iodids, or be a concomitant of syphilis or the infectious fevers. At first the mucous membrane covering the septum and turbinates is red, congested and spongy, but intensely dry; as the disease progresses, an abundant watery secretion flows from the nostrils, which is frequently so acrid as to excoriate the skin of nostrils and lip; this in turn giving place to a less abundant but thicker and more tenacious muco-purulent secretion which, if no relapse occurs, gradually disappears and inspissates until only the natural secretion remains.

The pathology of acute rhinitis is not known. Why this particular tract of umcous membrane should most frequently be selected by Nature for protest against chilling of the body is not explained. Un-

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doubtedly rhinitis is more frequent than prostatitis, cystitis, otitis, enteritis, gastritis, hepatitis or any other inflammation resulting from exposure, even tho it frequently occurs that the exposure has been most intense at some other part of the body. The theory that coryza is a true infection from germs has much to commend it, but is not yet establisht.

In its incipiency it is best treated by hot drinks, rest, purgativs, and the inhalation of the fumes of menthol in twenty minute seances. A 4 per cent solution of cocain applied to the nares will relieve instantly the sensation of distress, and five grain doses of Dover's powder will assist the hot drinks in producing perspiration. Fresh air is a valuable adjunct of treatment, but draft must be avoided. After the muco-purulent secretion begins to dry up, the greatest comfort is derived from syringing or washing the nasal cavities with some mild alkalin antiseptic solution, and following by spraying the tract with liquid mentholized vaselin by means of an atomizer. This is given space because of the astonishing fact that many otherwise able clinicians do not know how to treat a cold.

Chronic rhinitis or nasal catarrh is generally the direct sequence of repeated or mistreated cases of acute rhinitis; yet it also is seen in those compelled to breath impure air habitually, or who are exposed to the inhalation of irritating fumes, vapors, dust, or small particles of wood, cloth, stone, silk, flour, etc. Thus it is common among mill and factory employees and in those who work about chemical works. Any depression of the vital powers, or any obstruction of the nares, will be a potent cause, and it is frequently an expression of syphilis. There are two forms recognized by authority: Hypertrophic and atrophic; yet many regard the latter as only a later stage of unrecognized or untreated hypertrophic rhinitis. In both varieties or stages, the mucous membrane is red and coated with thick tenacious mucus, and the sense of smell is impaired or lost. Polypi are of common occurrence, and enlargment of the turbinated bones and deflection of the septum with or without exostosis is not rarely observed. The margins of the nostrils may be thickened and the bridge of the nose become flattened. In the atrophic form, ozena is generally observed. The patient is apt to be in poor condition, and anemia is frequent. The disease often involves the eustachian tube and middle ear, the larynx and pharynx, the conjunctiva and the lacrimal duct, and even the bronchial tubes and the lung tissue. Commonly regarded as incurable by the mass of the profession, the laity have absorbed this impression as regards the benefit to be derived from legitimate medicin and flock to the quack who "cures catarrh in one month." The actual facts are that any practician must and does meet scores of cases of some of these stages every year, and that he is fully competent to learn to diagnose and treat them successfully if he but take the pains to examin and study; that neglected cases will certainly impair health and probably destroy life, while properly treated cases are a source of revenue to the practician and of gratitude on the part of the patient. Then, why are so many derelict in both duty and business?

The secret of success is in becoming familiar with the appearance of the normal nasal tract, so that one may readily recognize the abnormality of pathological conditions; in absolute asepsis attained by means of mild alkalin antiseptic washes followed by soothing or stimulating applications as the case requires; the judicious use of reconstructiv tonics like strychnin, arsenic, hypophosphites, iron, cod-liver oil, phosphorus, etc.; and the maintenance of fully acting emunctories. Perhaps the cheapest and best alkalin antiseptic wash is extemporized from the "Seiler's tablets" sold by all dealers; it is used by solution in water and applied by douche device, snuffing up the nostril from the hand, an atomizer, or a syringe. When the nares have been thoroly cleansed of inspissated mucus and secretions, an aqueous solution of sulfate of zinc or of copper, five to ten grains to the ounce, is sprayed thru the tract in the hypertrophic form; in the atrophic condition such stimulant applications as dilute nitrate of silver or sulfate of iron are beneficial. In certain cases of both varieties a 30 per cent solution of lactic acid is commended, and tampons saturated with balsam Peru have been used with success. Twenty per cent icthyol in vaselin will modify offensiv purulent discharges. All polypi or other obstruction must be removed before medicinal means will be of avail. No practician will treat his first complicated chronic case successfully, but he can learn, and he has as good a moral and professional right

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and privilege to learn as has any hospital interne or specialist on any hospital staff.

Our suggestions are elementary and are intended for those who have ignored their possible power for good. We admit their crudeness and lack of detail. We have no desire to detract from the prestige or revenue of the specialists. These same specialists would gladly teach the mass of the profession how to care for the minor cases so that they might not be pestered with them. The country doctor can treat a case of "chronic catarrh" in his office for fifty cents a visit (and be well satisfied) as well as the specialist could afford to do for $2.00. If the general practician fits himself for the exigency and acts professionally toward the specialist, the latter will not only have no objection, but will gladly co-operate. The WORLD rostrum is open to all. We have tried to spur the derelict and aid the searcher. We can not prepare expert otologists for instant duty, but we can and do urge every reader to take up the study of this matter from books and by experience.

Catarrh, at any stage, is amenable to intelligent remedial measures. The practician who fails to recognize this, be he specialist or general practician, wrongs both himself and his patient. A modicum of time, attention, and skill, rightly applied, would place this condition in a different calendar from that which it now ornaments (?). We have never lost confidence in the WORLD family, and we trust that our appeal will be answered by renewed vigilance, more careful efforts at diagnosis, and more rational treatment.

Pleurisy.

The diagnosis of pleurisy is not so easy as the novice in medicin might imagin from perusal of the average text-book. In such a common and oftentimes serious disease more particular attention should be given as regards accuracy. Not every stabbing pain in the side which has been preceded by a chill and is accompanied by fever is pleurisy. Once the diagnosis of pleurisy is made by careful auscultation, inspection, palpation, and percussion, the same methods should not be abandoned until we are satisfied as to the variety of pleurisy with which we have to deal, the extent of tissue involved, the stage of the disease, and its most likely origin and probable termination. If that seem an extensiv field to cover within the limits of a "diagnosis" it is no more than is due our patient and ourselves, and to do less involves many disappointments in treatment, and admits of curable cases passing beyond our reach. Too many practicians are satisfied if they can diagnose pleurisy; some ascertain whether it is "dry" or "with exudation," and to what stage it has progrest; but only a heroic minority leave a case with a really satisfied professional conscience which approves their findings and recalls no omission. The acute pleurisy arising from exposure is a vastly different proposition from the acute pleurisy due to an unsuspected tuberculosis; the former is possibly only a painful incident to the patient and is soon forgotten by the doctor, but the latter is often the most vivid danger signal Nature can give unheeding intellect, unseeing eyes, deaf ears, and unskilled fingers. In the former case the practician may watch his patient for years without recurrence of an attack (if his interest be sufficient to remember it), but in the latter he will see his "pleurisy" (?) patient laid to his long rest inside a few years. We know, for we have seen; and, alas, experienced. We implore the young clinician to omit no detail of diagnosis or prognosis; we implore the veteran to do as well or abandon the field. A complete diagnosis of pleurisy will not only include the variety, the stage, the extent of tissue involved, the likely origin, and the prognosis, but will also include the exclusion of many things of which the busy clinician seldom thinks. Compel yourself to answer your questioning "ego" all of these questions before you leave your patient or seek your couch:

1. Is it really pleurisy?
2. (If conceded) What is the stage?
3. Is it idiopathic?
4. Is it possible that it may have been traumatic?
5. Is it a complication of inflammation of adjacent tissues, such as hepatitis, pneumonitis, phthisis?
6. Is it a sequence of some obscure morbific systemic poison evolved from the uric acid diathesis, tuberculosis, nephritis, or any of the incipient infectious fevers?
7. Might the patient have a cancer which has dispatcht its poison to the pleura? (This condition is found rarely, and hence in unexpected cases.)
8. (Presuming we have determined the existence of an exudate:) Is it sero fibrinous, fibrinous, purulent, hemorrhagic, or

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may it be the remains of a chronic inflammation?

9. Did we really exclude, in addition to the above, intercostal neuralgia, hydrothorax, diaphragmatic pleurisy, and muscular rheumatism?

10. Does pulse, temperature and general condition coincide with our conclusions?

11. (If satisfied as to presence of effusion:) Have I correctly estimated the amount, its distribution, its limits, its probable character, and will the fluid continue to collect?

12. (If fluid be present:) Should I tap?

13. What good will tapping do me or my patient?

14. Have I forgotten or neglected anything?

15. If I, knowing what I do of medicin, were that patient who has been examined by me as I did it, would I be satisfied?

If that reads like a joke to the devoid of experience, or with experience benighted by ignorance, let us say to him that pleurisy is all of what the lamented General Sherman said of war. THE WORLD has not space for instructions regarding diagnosis or treatment, but modern textbooks are devoting abundant space to both. Accurate diagnosis of pleurisy will curtail certain disagreeable statistics. The subject is of vastly more moment than is commonly supposed.

With this issue a great many subscriptions will be due. The right time, the normal time, the easiest time to pay is *now*. The wise ones pursue the easiest course and the least expensiv; that is, they send $3 for *four* years. This plan saves 25 per cent of cost, and saves the time and trouble of remitting every year, making one letter do for four. This is the age of large dealing rather than small dealing—the age of time-saving methods—the age of saving of all discounts. Are you living up to the methods of the present age?

The past year has been rather a strenuous one with us. We have studied your needs and striven to help you in your daily work. Further than this, we have tried to serve your financial interests by pointing out hidden dangers in investments, and indicating safe and advantageous investments. Please let us know if we have served you acceptably—if our service is worth its trifling cost to you. Appreciation is best shown by prompt remittance.

On the other hand, if for any reason you do not wish our relations to continue, let us know that, too. Let us all live "on the square." While advancing age, change in pursuit, or other circumstance causes an occasional subscriber to discontinue, we cannot wish more than that our subscription list may continue to grow as it has during the last two or three years.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Dilatation of the Prepuce.

Editor MEDICAL WORLD:—The article of Dr. Benj. Edson, page 477, November WORLD, on circumcision, calls to my mind a number of cases where dilatation of the prepuce was attended with great benefit. In an activ practise of eleven years, I have never found it necessary to circumcise. I call to memory now a male child, eleven months old, who had had convulsions every day of its life until I dilated the contracted foreskin. I was called to see this little sufferer, by telephone, in a little town twenty miles distant, on account of the convulsions which the father said could not be controled. I askt him if the child was a male, and on being answered in the affirmativ, I told him it was very probable that an abnormal condition of the child's prepuce was the cause of the convulsions. I accordingly took my instrument case along, and on my arrival I found one of the most nervous looking and most pitiable looking infants I had ever seen, and my suspicions were found to be true. I chloroformed the child and dilated the contracted prepuce, anointing the parts after so doing with an antiseptic ointment and instructed the parents of the little fellow to practise drawing the prepuce back and forth every day for a while, so as to keep it from again contracting. I told the parents that the child would probably continue to have convulsions for a while, until nature could accommodate herself to the change; but listen: convulsions every day from the day of its birth until after the operation, and not another one after performing this little (but most beneficial) operation.

Case 2.—Male child, two years of age; very restless, especially at night; very nervous, peevish and fretful, crying most of the time. On being called I askt the mother if she had ever noticed anything

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wrong with its penis. She said she had not, but that the child would, when crying most bitterly, feel with his hands down towards his privates. Examination disclosed a much contracted prepuce. Dilatation was followed by complete disappearance of all the mentioned symptoms. The child fattened up, became playful, ceast crying, and in a short time was the picture of health.

I could go on and report like cases into the dozens. Many a male child is today suffering from a contracted prepuce. I have seen so many suffering children in whom this condition had been overlookt, that I never consider the examination of a male child complete until I have examined his foreskin. I have found this trouble existing after a number of good physicians had treated the child for other troubles. I have found a contracted prepuce the source of the trouble, and an operation (dilatation) would clear up matters and restore the child to perfect health. I have never found circumcision necessary in the child, dilatation having in every case been sufficient. Don't forget that many grave symptoms in the male child are due to a contracted prepuce, and that a dilatation of the same will cure many a child when nothing else will.

Irvington, Ill. T. L. GRANAY, M.D.

Importance of Circumcision.

Editor MEDICAL WORLD: —In reply to Benj. Edson, M.D., on page 476 November WORLD, I would say that I have personally circumcised many young men whose foreskins could be retracted "without difficulty." The Doctor seems to overlook several important points about foreskins. A foreskin that is too long, even tho it may be retracted "without difficulty," will by its length, and the consequent exclusion of the air, cause a maceration of the glans penis in the secretions from the two mucous surfaces. Sometimes this secretion forms into cheesy masses (smegma) which cause pressure on the sensitiv glans penis, with the consequent attraction of the mind to this organ, with the almost certain result that this portion of one's anatomy gets more "attention" than is good for the rest of the body; and then the young man, instead of having the foreskin "cut off," tries to "wear it off" by practises so well known as not to require mention.

Of course any case in which the foreskin can only be retracted "with difficulty" positivly requires circumcision.

Doctor Edson says that the "professor doctor" at the university found some fifteen or eighteen young men who in his judgment would be benefited by circumcision. Of course, not knowing the size of the class I am unable to judge whether this is a large or small proportion; but I sincerely believe that there are fifteen or eighteen young men among the patients of Dr. Edson who would be very materially benefited by the performance of this operation.

Considering the case that caused Dr. Edson to write his article: I believe that a young man whose "mind was so worried and anxious, constantly dwelling on the dreaded operation" as to cause him to leave a university and travel hundreds of miles to return to his home, and perplex his doctor over such a trifling affair as a circumcision, shows an abnormally sensitiv nervous system that would cause me (from past experiences) to immediately *suspect* some irritation of the sexual organs, as no young man with a normally sensitiv organization would go to all that trouble and worriment over such a trifling "operation."

As to having "a bee in one's bonnet," and being a "monomaniac," it strikes me as very strange that Dr. Edson should be so conversant with the "scores of young men now living who can testify to their sorrow" to having had their meatus urinarius slit, as doctors are seldom so accurately informed about each other's practise, and it strikes me that the surgeon that he terms a "monomaniac" must be a worse article than that to have deliberately caused "scores of young men now living" (the Doctor does not exaggerate enuf to claim that it killed any of them) to have had such promising grounds for the all too fashionable damage suits against him.

Slitting the meatus urinarius has helpt me to cure several very obstinate cases of gleet that had "been the rounds." It certainly favors drainage, thus preventing the accumulation of discharges in the urethra, aside from other beneficial effects that it is capable of producing.

I believe the reason I have circumcised so many persons, young and old, male and female, is that people are beginning to see that circumcision really will cure many local and more *reflex* conditions which ex-

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perience has taught those who have investigated along this line can be cured by this operation.

I do not see that the "doctor professor" wanted to circumcise *all* the young men in his class, nor *all* "who ventured within his reach," as might be understood if the Doctor's article were not read carefully, but that the "doctor professor" wanted to circumcise all those who in his judgment required the operation—quite a difference from Dr. Edson's statement of *every* young man so unfortunate as to venture within his reach.

Will Dr. Edson explain how and why it is that "there are cases in infants and children—but rarely in adults—in which circumcision is called for?" I have never known of a case in which Nature has "absorbed" a long foreskin, but I have known of hundreds where boys have "dilated" their foreskins by masturbation, as they are apt to prefer that method to the "simple dilation with forceps."

As to the "simple maneuver" of dilating with forceps, I know of one doctor who had a child die while dilating its foreskin with forceps, and I cannot make that doctor believe that it is such a "simple maneuver" as Dr. Edson would have us believe. It always seems to me like cutting a dog's tail off an inch at a time.

Dr. F. R. Brunner, in November, 1902, issue of the Medical Brief, page 1663, says: "I have tried dilatation of the opening in the prepuce with no satisfactory results; it is more or less painful to the child, and the constriction is apt to return."

If fathers and mothers were as well informed as to the benefits to be derived from circumcision as *every* member of the medical profession *should be*, there would be very few young folks reach the "college age" without the correction of any abnormality found to exist at this most important point of nerve distribution.

I have yet to find one man who has had experience in the performance of this operation to condemn it; but in order to obtain beneficial results from its performance, experience is very necessary, as I know of no part of the body where neat work, with just the proper amount of tissue removed for the individual case, and the proper coaptation of edges of the wound to secure primary union is more essential, as a band of scar tissue at the junction of the skin and mucous membrane in this location will impinge upon and irritate nerve terminals of both the sympathetic and cerebro-spinal nervous systems, with reflex results that are almost incredible, but which any man who has operated many cases will have had ample verification that the cause of the trouble has been found, because the patient gets well when the source of irritation is removed.

In fact, I have gone so far as to advise and perform circumcision in a number of cases where my sole *local* reason was a red ring at the junction of the skin and mucous membrane of the prepuce (even without markt elongation or constriction), as I have learned to interpret this as irritated nerve terminals, and to expect the cure of many reflex conditions by the removal of this irritation.

I have repeatedly seen such cases as convulsions, constant crying in infants, simulated hip joint diseases, backwardness in studies, eneuresis, marasmus, muscular inco-ordination, paralysis, masturbation, neurasthenia, and even epilepsy, cured or greatly benefited by the proper performance of this operation, and in each of the cases above mentioned medicins had been "tried" faithfully, as my patients and those of my friends for whom I have operated have all been desirous of avoiding operation.

I am prompted to write this article solely because I am thoroly convinced from years of experience of the great benefits to be derived from circumcision properly performed in suitable cases, and to call attention of the members of the profession who are "open to conviction" to the exaggerated statements so apt to be indulged in by those who oppose its performance without having had actual experience, from timidity or on theoretical grounds, and with the hope that some of the younger members of the profession may be induced to start in and circumcise cases requiring it, when I am sure the great good they will accomplish will redound to their glory and honor.

W. G. Steele, M.D.
1431 Girard Ave., Phila.

Safety Pin, Opened, Passes Thru Alimentary Canal.

Editor Medical World: — Inclosed please find money order for one dollar, payment of my subscription. Feeling my inability to write an article, I have not up to this time attempted to do so; but I have now what I consider a very interest-

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ing case: one which I believe will encourage other physicians and give hope to many a worried mother. The case is this: Vida S., the daughter of Rev. S., of Novelty, Mo., on August 21, 1902, swallowed a nickel-plated safety pin, the pin being open. The pin entered with the open end or point pointing upward. Child seemed to have no difficulty in swallowing the pin. I was called in the next day (August 22). Found the child very pale, lips and nails blue, and in a severe spasm. Gave spirits ammonia aromatic and tincture opii camphorated, and applied heat. Soon had the child quiet. Directed them to feed the child such articles of diet that would tend to incase the pin, and warned them against giving anything to move the bowels. Such was my treatment. For the rest I simply waited for results.

From this time on the child had no other trouble, rested nicely and lost no flesh. Bowels moved in a natural and regular way. On October 21, just two months from the time of swallowing the pin, the mother noticed that the child seemed worried and acted as if its bowels would move. In a short time the bowels did move, and on examining the cloth the mother could not see any signs of the pin; but looking further, and examining the anus, she discovered a small portion of the pin protruding from the anus. She very carefully removed it, the point still being upward.

The pin was not incased in anything. The nickel plate was eaten off. Thus the pin had remained in the child's alimentary canal for two long months without producing very much disturbance. I will add that the child was a girl baby, nine months old. The pin was one inch and three-quarters long and was three-quarters of an inch wide from point to safety hood.

Now this case has been of interest to us local physicians. If you think it will be of interest to other physicians I will be glad to have you publish it. And please continue to send THE MEDICAL WORLD. It has been a great help to me.

Novelty, Mo. THAD. J. BROWN, M.D.

[All our readers should send in such items as this.—ED.]

Please see standing notice at head of editorial department. Pay no money to agents unless our own official receipt is given. You don't want to be a victim of a swindling agent; so whenever an agent for anything makes a proposition to you involving your paying money to him, you can make yourself safe by requiring that the order, money, etc., be *mailed* from your office by *you* directly to the home house. If he objects to this you may know he is a swindler, unless he can give an official receipt from the home house.

Pneumonia.

Editor MEDICAL WORLD:—Your query on page 474 of the November WORLD brings out the following remarks: The treatment of pneumonia is necessarily dependent upon the conditions found and the severity of the attack. Many patients need nothing outside of comfortable surroundings and ordinary nursing; while others need the closest and best attention. This being true, a routine treatment will not answer. It is well to recollect that *elimination* is the secret of relief of most maladies, and that sluggish bowels, kidneys and skin are detrimental to crippled lungs. We want to keep the bowels open, and the kidneys and skin activ. There is no scarcity of laxativs, diuretics and diaphoretics; and each man has his favorits. I prefer calomel and soda tablets (gr. j), one every two hours until five doses are given, and if there is no action of the bowels, follow with a Seidlitz powder every two hours until the bowels move. Turpentine is a favorit diuretic with me. Camphorated Dover's powder is my principal diaphoretic. If fever is very high, I give three to five grains of acetanilid (only occasionally and in the beginning of the attack). There is markt sepsis in pneumonia; for this I prescribe small doses of chlorate of potash, say a teaspoonful of a saturated solution every three hours until the tongue cleans and the breath loses its foul odor. If the attack is severe and heart failure is feared, strychnin and quinin are indicated; but with a good volume of blood circulating, there is no need of strychnin or quinin. It requires experience and judgment to handle this very common malady. Opium seems to be indicated for the excessiv pain that often accompanies pneumonia; but with a dry skin and inactiv kidneys, it is nearly always harmful. Ipecac and lobelia are indicated when the cough fails to loosen the excretions of the air passages, especially if the tongue and skin are dry. I have often wanted to try tartar emetic in the last named conditions, but have been afraid to execute my judgment. Pilocarpin is a favorit with many, but I never had any good results from it. I have often wanted to bleed plethoric patients, but was afraid to do so. The average patient who has pneumonia gets calomel, opium and quinin; and if he gets very bad, he gets strychnin and alcohol. These are every day remedies. Of course there are

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men who have fads, and use them in the treatment of all cases. One man is a crank on hydro-therapeutics; another on electro-therapeutics; another serum, etc.; but the every day doctor uses every day remedies, and pneumonia is an every day disease. W. F. Howle, M.D.

Charleston, Mo.

Pneumonia and Its Treatment.

Editor Medical World:—After carefully reading the discussions upon pneumonia, and especially its treatment, as brought out in the columns of our great medical family magazine, I am more than ever convinced of the correctness of the assertion of the elder Flint a number of years ago, viz., "The intrinsic tendency of pneumonia is toward recovery." Were it not so, it does seem that more cases would inevitably die under the many and diverse plans of treatment in vogue. One recommends blisters and another condemns them; one says give calomel in large doses, another that it is too debilitating; one advocates veratrum, another declares it is a deadly poison; while one lauds acetanilid and Dover's powders to the skies, another rides the stimulation hobby or the cold pack. There seems to be no unanimity of opinion save among the homeopaths, and they are somewhat divided between phos. 3x on one side and lycopodium and a few other extra high potencies on the other.

Out of this medley of contradictory and inconsistent discussion we are forced to conclude that a large majority of our doctors, or at least of those who write their views for publication, pay very little attention to rational treatment as based upon pathology and the revelations of modern medical science. Many of them, it would appear, are much behind the times in their reading of text-books and the literature of the present time.

Pneumonia presents so many different conditions clinically in its different stages, and is so often complicated with, or itself becomes a complication of, other fevers, that I must say that the treatment resolves itself into meeting conditions as we find them at the bedside and in daily practise.

I believe in veratrum viride as a sedativ, in calomel, too, and in ammonia and blisters (but not on babies), not all at the same time, nor even in all cases, but I have much faith in them as aids in treatment. During the first day or two, or as long as the pulse remains full and strong, veratrum is a very fine remedy. It slows the heart and relaxes the vascular system; in other words, it relieves the congestion. I am aware that there seems to be a widespread prejudice against it, but it is because it is too much neglected. If our doctors would use it until they become familiar with its good effects, I am sure they would prefer it to aconite, gelsemium and other sedativs, so often prescribed with little effect, so far as controling the inflammatory process is concerned. I give from one to three drops of Norwood's tincture every hour or two until the pulse comes down to seventy or seventy-five per minute. I also give a tablet of morphin and atropin, ¼ gr., in connection, and it rarely ever causes emesis when given with suitable opiate. Calomel, given in moderate doses, several times during the day, until free catharsis, does more to relieve the process of inflammation, to "arrest the disease" in ordinary parlance, than any other remedy. I always commence the treatment of ordinary cases by giving a thoro mercurial purge. Sometimes the bowels are hard to move, and we need castor oil or an enema, but as soon as I succeed in thoroly emptying the primae viae I feel that the worst part of the fight is over. Seidlitz powders are a very fine thing to keep the bowels open. They do good in several ways, after calomel has been given. One thing to be remembered and never to be forgotten is to keep the sewer open.

Cough remedies do some good, and I use them as a vehicle for ammonia and as expectorants during convalescence. The newer remedies for cough are much superior to the old syrupy mixtures. There are a number of them, but I find heroin a fine palliativ. A stimulating expectorant cough mixture should not be prescribed for a dry irritativ cough with high fever, as is often done. Tincture veratrum or aconite with spirits nitre and warm flaxseed tea are infinitly better, especially for children. I also use a jacket lined with absorbent cotton for these little patients, and under this my camphor and turpentine mixture or mustard to keep the skin red.

The diet should always be carefully regulated and attended to. The fatal mistake of allowing some article of food that quickly brings to naught all of our best laid plans of treatment is too often

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charged to carelessness of the nurse in family practise. We must insist upon a definit understanding as to diet.

Finally, the physician must be master of the situation. He should be well grounded in physical diagnosis. From day to day he should have in his mind's eye a clinical picture of diseased conditions within the chest and elsewhere. He should be thoroly informed as to current literature and especially upon materia medica and therapeutics. He may then hope to succeed in the great work of assisting Nature to throw off disease.

V. D. LOCKHART, M.D.

Maysville, Ga.

Treatment of Pneumonia.

Editor MEDICAL WORLD:—Many cases of pneumonia come under my care every year, to which, if seen in the early stage, aconitin, veratrin and digitalin or strychnin are given in small and frequently repeated doses for twenty-four or forty-eight hours. No depressing agents are, as a rule, given after this period. For infants and young children I frequently use a light poultice, and in all cases a cotton, oil silk covered jacket is used—one that may be easily removed to permit frequent examination of the chest. Antiphlogistine sometimes proves very beneficial; at other times results are negativ. As a rule, strychnin is administered continuously thruout the course of the disease. Digitalis is also frequently resorted to as a cardiac agent. For cough and expectoration, ipecac, ammonium and tinct. opium, camphorated or deodorized, is usually sufficient and effectiv. Many cases proceed nicely without the cough mixture. The bowels always receive prompt and careful attention from first to last, keeping them free and aseptic if possible. A few small doses of calomel given early and sometimes later in the course I believe are helpful. Activ elimination thru the kidneys is always necessary. A generous supply of pure water and lemonade usually attends to that point. Opium I use very sparingly. I have found that small doses of acetanilid, *i. e.*, one grain for an adult, repeated once or twice with caution, often works wonders in controlling pain or restlessness. The cold or ice pack is as yet not a safe expedient in country practise; therefore I never employ it more than to apply cold to head, neck or hands of older patients. Watch the heart carefully, as it is the index to prognosis and treatment, the main point of the latter being to judiciously sustain the heart and treat other factors symptomatically. In the matter of nourishment, a moderate amount of liquid diet is allowed, egg-nog being my favorit food. An alcohol sponge bath every morning or evening is very refreshing and stimulating. A good nurse and no visitors are always desired. The foregoing method gives me excellent success with these cases. H. O. B. Y.

Ill.

Pneumonia.

Editor MEDICAL WORLD:—I have been a constant reader of THE WORLD for a number of years. I like it. I get closer to ideas in THE WORLD than anywhere else; practical ideas in a practical way. Now and then some brother applies his dictum pretty strong, while others temper what they say with a degree of modesty. For my own part, I have never been such a devotee of physic that I was not willing to give vis medicatrix naturæ a chance.

I was very much pleased reading Dr. W. S. Robinson's article on treatment of pneumonia (November WORLD, page 474). I have traveled that same path more than once. One time I remember being called out at night to a lady of rather bad family history and unpromising appearance, who had had the initial chill and every symptom of incipient pneumonia. Her case was as hopeless looking as you could imagin; and with not a great deal of hope except perchance to ease her on in what then seemed to be the inevitable. I gave her 20 grs. each sulf. quinin, calomel and Dover's powder. At my morning visit I was very much surprised to find my patient so much better that the fear of twelve hours before was completely banisht, and she recovered too soon for us to book the usual visits in such cases. I believe firmly that calomel and opium, tho old-timers, are obstacles to acute pulmonary inflammation.

Raleigh, N. C. T. M. JORDAN, M.D.

Calomel.—Pneumonia.

Editor MEDICAL WORLD:—I write to fully endorse every paragraph in Dr. Martin's article on "Calomel" (page 473 November WORLD). It is true I hardly ever go to the extreme doses of from $\frac{1}{10}$ to 20 grains, but I have very recently used it in doses of $\frac{1}{4}$ to 4 or 5 grains in my own boy of six years for some ten days in a

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case of torpid liver with strong tendency to jaundice. I supplemented it with oil, c.c. pills and enemas, but my main reliance was on calomel, to bring him thru the stubborn case.

I wish also to indorse Dr. Robinson's treatment of pneumonia on next page. While many now condemn veratrum in the treatment of that disease, I still use it as I did nearly a quarter of a century ago, but now as then with caution and in such cases as it may be indicated, for as the Doctor says, all cases must not be treated alike. As my old precepter in practise used to tell the class, "Individualize your patients, gentlemen." I don't remember, however, to have ever treated a case of pneumonia without calomel, and not recently without strychnin. I think his alcohol and hot water as a local application is all right, but in the country it is not always convenient to obtain the alcohol, so I would not hesitate to use the hot water alone, or a hot, dry bran poultice, or even in the late stage, sometimes, the blister.

The discussion of obstetrics in recent numbers has been very interesting to me. I suppose that those who remember reading my former articles on that subject would put me down on the side of "resting on my oars" rather than using the forceps; but I am always for what I think is best for the patient, and do not deny that there are truly forcep cases.

What I like about THE WORLD is that most of the writers come right to the point and tell what to do without too much theory. We got the theory when in college; let's have the practise now.

Ashburn, Tenn. H. S. TAYLOR, M.D.

Pneumonia.—Colds.

Editor MEDICAL WORLD:—Allow me to answer your "Reminder" on page 469, November WORLD.

Pneumonia: Calomel, 5 grs.; poultice with antiphlogistine; give an adult 10 to 20 drops of creosotal, or as many grains of duotal every 2 to 4 hours. Strychnin, p.r.n. Aconitin and strychnin, early, to abort if possible.

Colds: Here is a new one. Is a cold a germ infection? Try this, especially you who know of no sure cure for colds, then guess again:

℞ Acidi carbolici puri
Tincture iodi.....āā gtt. ss
Aquæ vel. syrupi q.s. ad..... ʒ ss
M. Sig.—One dose. Take this every half hour in a full glass of water. If it is impracticable to take medicin so often, give every 1 or 2 hours, but keep up the total quantity per diem.

I tried this on myself, experimentally first, and since on a number of cases. Result: In 24 hours all signs and symptoms of cold have vanisht—simply vanisht. Give often and in large doses in plenty of water. This breaks up incipient colds in just a few doses.

1922 S. 18th St., Omaha, Neb. ADRIAN T. BURKARD.

Editor MEDICAL WORLD:—You want favorit recipes, so I give you one that will be useful in the coming winter. It is for colds in the head:

℞ Quinin bisulph.
Dover's powder, camphorated.....āā ʒss
Po. ex. belladonna
Po. aloin.....āā gr. iij
Po. capsicum..... gr. vj
M. ft.—Caps. xij.

Sig.—One every three hours after taking a glass of milk. Light diet and one five-grain dose of calomel at beginning of treatment.

Charlotte, N. C. R. E. MASON, M.D.

Expectorants.

Editor MEDICAL WORLD:—There are two stages in every bronchitis, and two kinds of expectorants to suit the two stages. In the first stage the mucous membrane is hyperemic, tense, and dry; in the second the membrane is lax and secretion abundant. The two stages are as much unlike as day and night, and each stage requires drugs having opposit effects. It seems to me that there is no excuse for any doctor to practise polypharmacy in treating bronchitis, for the pathology of each stage indicates the kind of effect the drug should have to give relief.

We have two kinds of expectorants; sedativ and stimulating. Now, in the first stage, the mucous membrane is engorged with blood and tense; it is in an irritated condition. It is clear that a stimulant would aggravate instead of relieving. What is needed is a sedativ expectorant that will relax the membrane, dissipate the congestion, and lubricate its surface with a secretion. Ipecac in the following ℞ will do the work. I add a little aconite to slow the pulse and assist in equalizing the circulation:

℞ Syrupi ipecac.....ʒ iv
Potassi citrati.....ʒ vj
Fl. ext. aconit.....gtts. xxiv
Aqua q.s. ad.....ʒ vj
Sig.—Dessertspoonful every 3 or 4 hours.

A stimulating expectorant should be

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used in the second stage, to catch up the slack in the membrane, lessen its abundant secretion and liquefy what is secreted, so as to aid in its expulsion from the membrane, thus restoring the bronchial membrane to health. Chlorid of ammonia will accomplish this in the following:

℞

Ammonii chloridi.....ʒ ij
Fl. ext. glycyrrhiz.....ʒ ij
Aqua q. s. ad..... ℥ iij

M. Sig.—Teaspoonful every 2 to 4 hours.

If there is a severe dry cough, clear out of proportion to the amount expectorated, it is well give a little codein, belladonna or bromid. Bromids are best suited to infants, for it will sedate the excessiv cough and prevent spasms.

I am acquainted with an old, experienced M. D., whose favorit prescription for an expectorant contains nine different drugs. He writes this ℞ for both stages of bronchitis, for he says he has sedativs and stimulants mixt together, so that the prescription will fit any stage of bronchitis. I suppose that when he writes his prescription for the first stage, he thinks the stimulants will know enuf to "go away back and sit down" till the sedativs have done their part in ushering in the second stage; then of course the sedativs will be tired enuf to step out of the way and let the stimulants assist Nature in restoring the patient to health.

It is not necessary to say that drugs exercise no discretion, but each produces its effect, which effect may be neutralized by a drug having the opposit effect. The effect of the above compound will depend on whether there is more of one than the other. If there are more stimulants than sedativs, the effect will be stimulating, but the sedativs will have nearly neutralized the stimulants so that the effect will be feeble. The compound will be either a stimulant or a sedativ; then why burden the system with neutralized drugs, to be eliminated? If you want a sedativ effect, use only sedativ drugs and you will get the effect without using so much medicin, and vice versa.

Northview, Mo. J. S. CANTRELL.

Experience with Antitoxin in Diphtheria.

Editor MEDICAL WORLD:—I and my father both now belong to the WORLD family of readers, and both of us think it the most practical, spicy and conservativ journal that comes from the press today. I read Dr. O'Ready's query in regard to antitoxin, and Dr. H. M. Arthur's reply to it. Dr. Arthur and his brother were both classmates of mine at the old Medical College of Indiana. It is exceedingly gratifying to get a message from an old classmate thru THE WORLD. I coincide with Dr. Arthur's reply on antitoxin. My experience was in private practise at home here, and eight weeks in ward 26 of Cook County Hospital, Chicago, where I served an interneship of nineteen months. In Chicago before the discovery of antitoxin the death rate was in the neighborhood of 37½ per cent or somewhat higher if my memory serves me right; but after the introduction of antitoxin it promptly fell to about 4.12 per cent. Out of ninety-two cases of diphtheria where antitoxin was used, I lost six. There are some journals today fighting antitoxin, one very prominent one which never finds its way to my table any more, and I never miss it out of eight or ten we take. The doctors who are fighting antitoxin never have used it.

I will cite only one case. A little girl in this village was taken sick with a severe sore throat, and a good old grandmother treated the case with saltpetre gargle, inhalations of steam from vinegar, etc. I was called on Monday morning to see her. When I went to the room I heard the peculiar laryngeal breathing. An examination revealed membrane all over tonsils and pillars of fauces, extending into larynx. I had no antitoxin, but told the family I was going to use it. They demurred, but I told them it was either antitoxin or another doctor and a dead child. I was begged to save her. I telegrapht for antitoxin, and just seven hours after I diagnosed the case she got an initial injection of 3,000 units. Next morning when I called the mother showed me a mould of membrane (laryngeal) coughed up; all over the throat the membrane was loosening up, and I swabbed great chunks of the false membrane off. The throat was sprayed with H_2O_2 every four hours; whisky (ʒ j) and strychnin (gr. $\frac{1}{30}$) were given every four hours with a little internal antiseptic treatment. In thirty-six hours the throat and larynx were free from membrane, and the surfaces commenced to granulate very nicely. Kept her in bed three weeks. There was hardly any loss of speech or paralysis of uvula or tongue. Right

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here let me say that the man who uses antitoxin, and gives his case whisky and strychnin, need not lay awake nights wondering if he is going to have any post-diphtheritic paralysis to treat afterward. Antitoxin has been dubbed "horse juice," and all the sarcastic, insulting names that its traducers could think of; but all this is from ignorance, prejudice and lack of experience. ROYAL C. RODECKER, M.D.

Wonewoc, Wis.

Incidental Obstetrical Remarks.

Editor MEDICAL WORLD:—Please find inclosed $3.00 for a four years' subscription. I think THE WORLD my best journal. As to the use of forceps, I use them whenever I think I am justified. I am never in so great a hurry to get home but that I can give Nature a chance. I have used them in about one in fifty cases. I was called, not long since, to a case where the doctor present was "resting on his oars," and had been for twelve hours. After examination I found rotation was needed, and in thirty minutes a bouncing girl came to this world. A little more of Brother Shelley's "horse sense" is the only instrument needed in many cases. I have never had a ruptured perineum to such an extent as to need stitches. Have never had any one-eyed babies nor left any marks to tell the tale that forceps had been used. Brethren, when you find no dilatation, use gelsemium and bromid of potash, and see the result. It is marvelous. Try it.

I am a reader of all the schools. I once was a regular, but my success depends on specific medicines, specific medication and specific common sense. Am I a mongrel?

Greensfork, Ind. W. W. NEFF, M.D.

Sexual Sense and Decency.

Editor MEDICAL WORLD:—I notice that the medical journals of today devote a large amount of time and valuable space to answering urgent inquiries from physicians all over the United States as to how to renew an old wornout roué's sexual desire; and how to increase the size of some man's penis, etc., etc., ad nauseam. Brethren, do you ever stop long enuf to realize that this is all confounded nonsense? I positivly insist that it is; and I confidently depend upon every other physician who, like myself, has practised medicin for thirty years or over, to uphold me in making the above assertion. Why? For the reason that a man's sexual desire is governed almost entirely by his physical condition; that is, all causes, as ill-health or old age, that weaken a man's physical strength, weaken his sexual desire as a natural sequence. And it is right that it should be so, for sexual indulgence exhausts vitality; so kind Nature, wiser than man, always reduces sexual desire as soon as our natural vitality and physical strength get below the normal.

Now, the "enlarging of penis" proposition: This emulating a jackass idea is even more silly than the one about increasing sexual desire, for in all my experience I have never yet seen a case where a man's penis was too small to successfully accomplish the sexual act, and generally to beget children, *if there is no other organ at fault except that the penis is below the normal size.* I remember an old saying of the returned soldiers of 1865 that applies to this little penis question. In speaking of the great number of soldiers who were unlucky enuf to bring home from the war a penis covered with the scars of many hot engagements (generally more from Venus than from Mars) they would remark that the organ did not "look well on dress parade, but for actual service was as good as it ever was."

Ten years ago I remember an instance that took place in St. Louis that convinced me that the size of a man's penis had but little to do in begetting children. Albert N., a lusty, curly-headed blonde, young German barber of 26, fell in love with a beautiful girl; the love was returned, but Albert was afraid to marry on account of the very small penis it was his fate to wear, so he came to me for advice. His penis was about the size of that of a boy of five years of age, and he assured me that it was not over two inches in length when in a state of erection, while the testicles were the normal size; in fact he seemed a specimen of perfect physical manhood except for his extremely small penis. I told him there was nothing in medicin that would benefit his case; but as his proposed wife was a stout, lusty girl, I advised him to go and tell her parents just what he had told me, and by that means let the young lady know what she must expect in case she married him. He did so, and came back at the end of the week and told me that "Katrina says she is not marrying me for that purpose but because she loves

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me better than any one in the world, and would not care whether I had a penis or not so far as she personally is concerned." I told him to go ahead and marry her at once for such girls as she were scarce. They were married shortly after. During the next few months I met them frequently taking their Sunday outing, both always laughing and talking, and I thought to myself, "she don't act like a discontented woman at all; in fact, more like a perfectly happy wife." Time ran on until just eleven months after the marriage, when black-eyed Katrina gave birth to a blonde, curly-headed baby, just the image of its father. Since then they have had two more children, and tho Albert says his penis is a little larger than it was before marriage, "it is not enuf to amount to anything."

I give this incident to show that the size of a man's penis has but little to do in begetting children or in making happy marriages.

In conclusion, I will state that I never use any of our so-called aphrodisiacs, for the reason that they never do good and frequently do harm. Trust kind Nature, assisted by regular exercise, plenty of God's pure air and sunshine, and liberal diet well digested as your only aphrodisiacs.

R. V. PEARCE.

Howard, Kans.

Treatment of Acute Gonorrhea.

Editor MEDICAL WORLD:—I was interested in Dr. C. L. Ney's article in the November WORLD, page 477, regarding the treatment of acute gonorrhea. I wish to state that I am using very nearly the same treatment on my patients, except that I advocate the use of astringents and oleoresins when indicated. I see nearly all the authorities of this country are still using them in connection with the irrigation method, but limit them to certain indications. I have learned by experience that they should not be used in the beginning of acute clap; not until all pain has subsided and the gonococci well gotten rid of, as shown by microscopical examination.

In the treatment of gonorrhea, many methods have been advocated, but not one of them is a "sure cure." The Doctor claims that by his treatment he can cure 90 per cent of acute cases in ten days. Physicians not thoroly versed in the knowledge and treatment of gonorrhea may be led to believe these dazzling and misleading claims. I would like to ask the Doctor in what a cure consists. His reply will undoubtedly be like this: "There may be some little redness of the meatus left, and probably a little mucous secretion; but the patient is all right." This is what I call the "rapid transit" treatment. The Doctor even fails to insist on an examination of the urin to see, perchance, if there are not inflammatory products present. It is exactly in this condition that astringents and antiblennorrhagics are indicated.

The Doctor's technique for performing irrigation is satisfactory, but permit me to make one suggestion. His words are, "If the anterior urethra only is to be irrigated, the fifth finger is firmly prest against the urethra, thus preventing the solution from passing beyond the point of compression." Permit me to state that he is not irrigating the anterior urethra thoroly. Why not elevate the irrigator a foot or two above the penis, allowing it to flow to the cut off muscle? In order that benefit shall result, it is necessary that the fluid reach every portion of the mucous membrane of the anterior urethra, including the bulb, and the canal should be mildly distended. This is best done by pressing the nozzle well into the meatus for a moment, and then again quickly releasing it, repeating it at least fifteen or twenty times a minute.

The Doctor tries to limit a portion of the anterior urethra from irrigation, when undoubtedly it is already the seat of disease. The patient should be made to pass his water first, before resorting to irrigation, and the anterior irrigation should always precede the posterior irrigation.

Early in the acute stage, the urin should be rendered slightly alkalin, bland and unirritating, astringent injections and oleoresins being contraindicated. My patients are started with anterior irrigations of permanganate of potassium, starting with a weak solution, 1 to 6,000, as hot as can be borne, twice daily. As the pain subsides and inflammation disappears, the strength is gradually increast up to 1 to 2,000. In the declining stage, leave off the use of the alkalin mixture and begin the use of the antiblennorrhagics sparingly, in connection with astringent injections. I usually finish the treatment with posterior irrigations, and especially so if I have diagnosed my case one of posterior urethritis.

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The following thirty-four cases of acute gonorrhea were all treated in the last eight months by the method described above. They were pronounced cured only after the gonococci, discharge and shreds had completely disappeared. Twenty-two cases were treated from their incipiency, while twelve appeared for treatment from one to two weeks after the onset of the disease:

Cases.	Cured in Weeks.
6	3
9	4
7	5
4	6
4	7
2	8
2	10

One cured in eight and one cured in ten weeks presented themselves with orchitis. One cured in ten weeks came with a prostatitis. Six of the above cases had one or more previous attacks.

In treating gonorrhea, one should have the following three objects in mind: The elimination of the gonococcus, the comfort of the patient, and the avoidance of complications.

In conclusion, will say I believe the Doctor made a broad statement when he said he could cure 90 per cent of acute cases in ten days. I wish he would answer the following questions:

1. What do you call a cure?
2. Did you examin each patient's urin at the time you pronounced him cured?
3. Are you positiv you wasn't treating simple urethritis instead of true gonorrhea?

H. A. KLUSSMAN.

Spokane, Wash.

Editor MEDICAL WORLD:—As per the request of the Editor, I will give a practical and effectiv method of treatment of gonorrhea in the male. For twenty years I have practised medicin in a country village between two large railroad towns in Michigan; and because of my success in curing gonorrhea, I have seen and treated hundreds of cases.

When a male patient comes to me with the disease, I first find out how long he had had it, and require that he pay my fee in advance. Then I fill my three-quart fountain syringe full of water as hot as he can bear, attaching a gum catheter No. 10 to the tube. I instruct him to introduce the catheter, previously oiled, as far into the urethra as he can. Standing in front of a large wash bowl, I flush the urethra with the full three quarts, after which I remove the tube from the catheter, leaving it still inserted, turn the penis down to drain the water out, then I slowly inject from a one-ounce hard-rubber syringe with point fitted to go into the end of the catheter one ounce of the following mixture, gradually drawing the catheter out so as to medicate the whole urethra:

℞

Sulfate of zinc, Pulverized opium }	of each.. ½ dram
Fl. ext. blood root	1 fluid dram
Sugar of lead	20 grains
Distilled water q. s.	10 ounces

Then I wrap the penis with absorbent cotton, and finally with boracic gauze, bid my patient to be as happy and comfortable as possible till the next day, when he receives the same treatment. This is repeated daily for four days; and unless the urethra is hyper-sensitiv, the soreness is all gone after the second seance. After the fourth time I give him a ten-ounce bottle of the mixture and a syringe, with instructions how to use it morning and evening, till the last semblance of the disease is gone. Two things make me sure that it is a success: 1. I make my fee large enuf and warrant that if he is not cured I will refund the money, and not one ever came back after his money. 2. Every cured patient sends me another. To satisfy my patient, I give him

℞

Bals. copaiba	℥j
Fl. ex. buchu	℥ij
Tr. aconite	gtt. x
Aqua pura	℥vj

Sig.—A teaspoonful three times a day before meals.

This treatment will cure old cases as well as new ones.

A. R. HICKS.

Sand Lake, Kent County, Mich.

Nocturnal Emissions.

Editor MEDICAL WORLD:—In the October WORLD, page 448, Dr. Klussman solicits advice in a case of nocturnal emissions under his care. I should like him to try the following prescription which I formulated some years ago, and which has always been very efficient in my hands:

℞

Pot. brom.	℥v
Sol. morph. (Magendie's)	℥ss
Strychniae sulf.	gr. j
Syr. simp.	℥j
Ext. damianae fl.	℥vj
Aq. ad	℥iv

M. ft. sol. Sig.—℥ij in water at bedtime.

Bloomfield, N. J. L. D. SHEETS, M.D.

The Doctor as a Moral Force in the Community.

Editor MEDICAL WORLD: — Your remarks anent the action of the Philadelphia Medical Society taking measures to protect its members from malicious suits, remind me of a proposition I once made, which unfortunately fell by the wayside.

Your readers may say, What has this to do with the practise of medicin? A very great deal, from this standpoint: That the doctor should make himself felt as a moral force in his community, no less than as a medical practician. He should be distinctivly a power there; and whether for good or evil, a power he will necessarily be. No one with the education, the knowledge and the opportunities of the physician, can help being a potent factor in the life of his community. It is all the more needful that he should be a man of sterling moral worth—but this is so generally the case that we assume it as true, and base our argument upon it. How can we best influence our neighborhood in the direction of the good, of progress, of the upward tendency of the race? First, by studying the conditions of our environment and appreciating its needs. Last fall I went shooting in a little town far north. There were a few stores, two saloons, possibly 250 inhabitants, one church. When the lake froze over and fishing and shooting ceast, the people had a long, idle winter before them. The men gravitated to the saloons; the women gossipt. There is a certain wise saying as to an employer of idle hands, and he seemed to be activ as usual. I doubt if any city community could show an equal proportion of scandals, elopements, divorces, drunkards, as this little village. But, as one of the men sadly remarkt, what else were they to do? There wasn't even public spirit enuf to get up a mite society. No library, no amusement, no other means of satisfying the hunger for mental intercommunion, the instinct for association, for the interchange of thought, than the saloon. A single man of education, penetrated with the desire to be of use to his fellowmen, would regenerate such a town. The man who whitewashes his woodshed is a benefactor, in that he stirs the sluggish currents of village life, gives the people something to talk about, and arouses in others the feeling that perhaps they, too, may brighten up their premises.

Were I possest of the wealth of a Carnegie I would found lyceums in these small towns, build town halls where rooms could be kept open for the people to meet in social intercourse, where such games as the sentiment of the community approved could be played, where the resources of the town and neighborhood might be utilized in the way of music, oratory, declamation, debates, and similar forms of entertainment. There is at least a fiddler in every town, and men would leave the saloon to come and hear him play their favorit tunes. Most communities would approve of a dance once a week, with the "old folks" looking on. Billiards is not an essentially immoral game, when divorced from the saloon attachment. Cards are far better indulged in with the elders participating or in attendance than surreptitiously. Whist clubs, euchre parties, etc., may be enjoyed by the young and old together. In fact, we may say that if people give their young folks the opportunity to meet socially in a proper way, there will be so much less of the philandering in secret that plays the mischief with their morals. The young will seek each other's society as certainly as that water will flow down hill.

Men must have companionship. The talk at the saloon is not apt to be very elevating or instructiv—that is, in desirable directions. But a man cannot sit all winter staring at his wife across the table, with every blessed thing they know talkt dry. Their brains wither for want of exercise. The impulse to seek one's kind is the lute that holds society together and keeps mankind from degenerating into a rabble. Let a healthy, natural exercise of these impulses be provided, and the pernicious influences of the saloon will be curtailed. The village dame gets tired darning stockings, and even house-cleaning is but an occasional diversion. She *must* talk; and if there is nothing else available the doings of "Matilda Jane," and her carryings on with "Jake" while away the hours. A reputation is thereby lost, and a foolish couple frequently think they may as well have the game as the name. A good deal might be made of the town that thus demonstrates its activity, if the activity be directed in right channels. Talent might be uncovered that would otherwise have been unsuspected; and from such small obscure hamlets the world-famous may issue. Isn't there

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something in this—something for the lonely country doctor who is rusting out?

Dr. Martin's trinity (page 473) may be very good, but I for one rarely use either of them. Calomel is a very poor cathartic, morphin is the most dangerous of anodynes, and quinin, like the other two, is used very much less frequently when one practises a certain nicety in fitting his remedies to the condition present. It is a good tonic, but quassin is a better appetizer, berberin a better connectiv-tissue astringent, strychnin a better general and nerve tonic.

There is a great difference between the regular practise and the homeopathic in the matter of prescribing; for while the latter usually give the same medicin for a condition, every regular will have a different formula for himself. Is this a good or a bad feature? There must be a "best" method of treating every abnormal condition, but it does not follow that that "best" method is best for every case of a malady, or even for every patient suffering from it. Still, it seems as if it would simplify the practise if we could get some sort of uniformity in our application of remedies.

I would like to ask the Christian Scientist who writes on page 500 a question: He says God never created disease and suffering and is not responsible for evil. Then who did? This doctrin compels the recognition of a second creativ principle, and erects in the heavens another throne, equal in power with that of the good God. For either evil was created, or it existed from all eternity—in other words, is a god itself. And if created, and not created by God, some other creator is responsible for it. This is the old theory of the Persians, who saw in Hormuzd and Ahriman the opposing powers of good and evil. Is this the doctrin of the Eddyites?

WILLIAM F. WAUGH, M.D.

Chicago, Ill.

[The intellectual and social life of villages in winter is a very important subject. The magnificent possibilities in this direction are rarely realized. The popular magazines are now so excellent, so attractiv and so cheap that there is no excuse for each family not having from one to half a dozen. Here the village doctor should take the lead, and he should encourage every village house-holder to spend at least $5 to $10 per year for good periodicals and good books. For example, the Cosmopolitan (monthly magazine, New York) will furnish intellectual food for the whole family, and is worth many times its cost (only $1) to any family. The Ladies' Home Journal, Philadelphia (also only $1 per year) is always attractiv and interesting to the ladies. The Youths' Companion (Boston, weekly, $1.75 per year) will keep the boys and girls out of mischief. It is positivly criminal for any community to spend its long winter evenings in the dry rot of feminin gossip and masculin saloon profanity and obscenity when good literature is so plentiful and so cheap. We say again that here the village doctor should take the lead. Secure copies of the above magazines, and the Chatauquan (Meadville, Pa.), the Literary Digest (New York), Good Housekeeping (Springfield, Mass.), Current History (Boston), Review of Reviews (New York),* etc, and lend them around among your people, and show them how much better and how much *more interesting* it is to read such magazines than to spend the long evenings in idle or vulgar gossip. Of all things, deliver us from a "dead town," sunken into idleness, meddlesome gossip, bickering and vulgarity. The reading of high-class magazines and standard books will give something worth while to talk about. This will bring people together on an intellectual plane, which may lead to reading clubs, composed either of ladies or both sexes, debating societies, and a higher and more enjoyable social life in general. The best Christmas gift that can be given to a country or village friend is a subscription to a good magazine. It reminds the recipient of the giver, very pleasantly, twelve times a year. Some years ago I was told that the circulation of Harper's Magazine was greater in proportion to the population in Iowa than in New York City. The explanation was that a rural population has more time to read than a city population. So much the better for the rural population. But what shall we say of the rural population that has the time *but won't read!* There's where the vipers of gossip, slander and profanity get in their work.—ED.]

*These magazines just happen to occur to me as I write. There are many other good ones—in fact, they are too numerous to mention, unless we should make a catalog of several pages of close print. We are now in the golden age of literature, both for cheapness and excellence; and in the midst of all this literary wealth (the like of which the world has never before seen), it is a wonder that there are left any idle-brained gossipers, either male or female.

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Took the Editor's ℞.

Editor MEDICAL WORLD:—Being a young M.D. I am taking your ℞ (systematic reading) and have read "Osler's Practise" and "Lusk's Midwifery" this summer. Am now reading "Diseases of Children," by Starr. In regard to obstetrics it seems peculiar that I should have had placenta previa in a primipara for one of my first cases, when we are told that it occurs six times as often in multipara as in primipara, and only once in 723 cases (Lomer) all told. Would report the following case of convulsions for comment: Called at 5 a.m. on March 31 to B. C. Found a young, strong woman, who had been delivered of a strong child about three hours before by Dr. W., in the absence of her regular physician. Labor was normal and easy for a primipara. Nurse said patient had had a "spasm." I noticed that she seemed surprised at my presence, and could not remember when her friends arrived. Had just time to note character of pulse when the second convulsion came on in this way: Body stiffened, head retracted into pillow, arms raised quickly to position perpendicular to trunk and pronated, hands flext on forearm, flexion and relaxation alternating, I should say 100 times per minute. Under chloroform the attack gradually subsided, but was followed by others which diminisht in severity as the coma deepened.

Patient lived nearly five days and toward the last only twitching movements were noticed in the muscles. After being sick two or three days the skin became a very decided green, which gradually became darker. Bowels became so tolerant, or paralytic, that enemata were not returned. Urin suppresst; as drawn it was scanty, thick, dark and excessivly foul. Cheyne Stokes breathing markt. One arm was thought to be paralyzed, but she moved it just before death. Treatment: Besides chloroform, veratrum viride was used per stomach at first, and later hypodermically in increasing doses at short intervals in the hope of reducing the tension of the pulse, which was very high. Moderately successful. Morphin, catheterization, washing out bowel and attempted bathing, which was stopt, as it seemed to excite convulsions. Either Dr. W. (whom I had summoned) or I was with her practically all the time. Now her physician says her urin was normal four weeks before confinement, but owing to a peculiar combination of circumstances I cannot find out the result of urinalysis during her illness. The death of Dr. W. prevents me from finding out other particulars. Should like to know what substance produced the peculiar color of the skin and how the treatment can be improved. In another such I think I would bleed, as the veratrum is not always of full strength and takes more time to act. Might the convulsions have been other than uremic?

In regard to driving lamps, I use a gas bicycle lamp for long drives, and no oil lamp can touch it. Have driven 20 miles on a dark night with it and with as much comfort as tho I had daylight. It requires some care and time to start it and so I also have an oil lamp which I use for getting out in a hurry and going short distances. My gas lamp is a Twentieth Century, and I think it and the Solar the two best makes.

QUIZ DEPARTMENT:—Young woman of high education and somewhat nervous temperament, history of health rather below average, but no permanent disease. Has had chorea, neurotic heart trouble, and some slight ovarian trouble it was thought. July, 1901, an attack of abdominal pain. Passed in a day or two, but recurred every six or eight weeks with increasing severity until in June, 1902, she was operated on; appendix removed. Appendix about twice normal size. No accumulated pus, but a degeneration that lookt as tho it would have caused a perforation. About six weeks before operation an attack brought on premature labor, and in childbed her old chorea troubled her some. Before operation nothing but heroic doses of morphin subcutaneously would control pain. Pain began in stomach and workt downward, being mostly in umbilical region. Since operation she complains of cramps! cramps! cramps! Has not been entirely free from them except a few nights since operation. Worse at night. Do not depend on food ingestion nor upon constipation. Relieved by heat. Worse every six or eight weeks, usually just before or after menses. Mostly in upper abdomen. Examination negative. Tenderness in epigastric and right hypochondriac regions mostly, some to the left. Superficial tenderness between umbilicus and McBurney's point. Moved two or three inches with respiration. Liver position normal. Wish cause and treatment.

New York. L.

[We hope that our ℞ (systematic reading) will extend, particularly among our young brethren When you learn by experience the difference in results between desultory reading and systematic reading, you will realize what wonders you can accomplish in say ten years of systematic reading.

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As it is now too late in the month for us to carefully consider quiz cases, we will leave this one for reply by our readers. The Doctor makes the mistake of requesting his article signed by only his initial. If he would allow his name and address to appear, doubtless many of the "family" would write him directly about the case. We strongly favor the publication of name and address with an article, unless there are special reasons in special cases for not doing so.—ED.]

A Remarkable Record.

Editor MEDICAL WORLD:—I am now 72 years of age. I have been activly engaged in the practise of medicin and surgery more than forty-six years. I have never tasted an opiate of any kind. I have never tasted tobacco, nor smoked it. I have made gallons of alcoholic tinctures and extracts; yet I have never tasted alcohol, nor never shaved my face. I served four years in the Confederate army, returning home destitute of all but honor and nerve. I secured, perhaps, the best horse in the world, which I rode eleven years regularly, day and night, a distance of 65,700 miles; swam all the overflows, bayous and creeks—no bridges then to go over on. Was never confined to my room with sickness ten days. Who else will say as much?

Des Arc, Ark. J. W. BURNEY, M.D.

Editor MEDICAL WORLD:—In the case of "Malarial Hematuria," reported in October WORLD, page 430, the editor asks: "Are we to understand that you gave no more calomel than that mentioned above?" In answer to the above I will say that after the first relapse I repeated the calomel, grain $\frac{1}{6}$, podophyllin, grain $\frac{1}{12}$, every two hours to free action, and gave no more thruout the disease, but I gave sulf. magnesia every morning in sufficient dosage to produce one or two movements when the bowels did not act without it.

Altonia, Tex. G. W. WOODS, M.D.

Editorial Game Laws.

The Editorial Game Laws are stated in an Eastern publication to be as follows: "Book agents may be killed from October 1st to September 1st; spring poets from March 1st to June 1st; scandal mongers from April 1st to February 1st; umbrella borrowers from August 1st to November 1st, and from February 1st to May 1st. Every man who accepts a newspaper for two years and on being presented with the bill, says, 'I never ordered it,' may be killed on the spot without reserve or relief."—Medical Review.

Driving Lamps.

Editor MEDICAL WORLD:—Your articles regarding the driving lamp question strike a responsiv chord in my nature, as I have been experimenting with different kinds of lamps for ten activ years. In the meanwhile I have invested in and put to a practical test almost every type of lamp and attachment that I heard of, and have attacht the lamps to every conceivable part of the buggy. About three years ago I placed an acetylene lamp on the bow, directly in the center when driving a team, and to the side when driving single, and after improving this plan there has been no reason for further experiment. When it is desired to drive with the top down it can be put "half back" and the angle of the lamp changed in two seconds by means of the adjustable hinge. The darkness of the night has no terrors, and I drive at the same speed as in the day. This requires a small light weight lamp, with a perfect feed, and a very carefully made attachment that is light and that will not deface the bow. At the request of a few medical friends I am preparing to have some of the attachments manufactured, and when they are ready may announce the fact in the advertising columns of THE WORLD (I will be able to furnish the lamp complete for about $3.00). Any one who doubts that this is the most advantageous place to attach his lamp will be at once convinced of his error by holding his lamp in this position and seeing the light thrown between and ahead of the horses.

OTIS ORENDORFF, M.D.

Yates Center, Kan.

Editor MEDICAL WORLD:—I notice several giving their experience as to lighting the buggy. As to my experience, am having no trouble at that point. I use an ordinary kerosene dash lantern made by Dietz, but don't use it on the dash. Swing it underneath buggy, by cutting a slot in bottom just back of where the feet rest, bringing the handle or bail of lantern thru slot, and securing by passing a notcht stick on top of floor under the bail. It is perfectly secure. In this way the light is thrown on the feet of horse or horses and far enuf in front to see. The light is just where you want it, and far enuf back so that mud is but little spattered on the lantern. I have been trying this for twelve years and have no reason for changing. Of course when one drives over stumpy roads or thru water, this plan does not work so well. Have never broken but one globe this way.

Bloomington, Mo. J. T. KIMSEY.

Editor MEDICAL WORLD:—Can the Dietz driving lamp people stand another small roast? If so, I will give the WORLD readers a little personal experience on the subject. Something like four years ago I was called one evening at about 8.30 to visit a patient who lived four miles out in the country. It being in the fall of the year, darkness came down early, and to make it still worse a heavy fog hung over the earth. I hitcht a young mare to the buggy and started. I think I can see at night as well as the

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average man, but on this particular night I could see absolutely nothing. That I ever reacht my patient without injury to self or horse is a wonder, but after running off the end of a bridge and twice into the fence, finding my way back into the road by lighting matches, I finally reacht my destination.

At about 11 p. m. I headed for home, my patient's brother helping me out into the road with a lantern. Were you ever out driving at night when you could not see your horse, or your buggy dash, nor even your hand held within eight inches of your eyes? If so, you can realize what my feelings were on this, to me, blackest night of all black nights. The mishaps of going were repeated on my return, minus the bridge. Twice "Belle" steered me into the hedge and three or four times into the barbed wire fence, but by going very slowly and using a pocket full of matches, we managed to escape injury and finally reacht home in safety.

Midnight: But do you think I went to bed soon after I got home that night? Oh, no; my first act on going into my office was to hunt up the medical journal having in it the Dietz advertisement, and order a lantern. I think it cost about $4, express and all; but what did I care? I had "the best driving lamp in the business."

The first time I was called out at night after I got my lantern it happened to be windy, but not very dark, but I thought it a good time to try my new lantern, so I lit it, fastened it to the bracket, turned it up to a fair-sized blaze and started. I had turned two or three corners and was nearly out of town when, "presto!" I was in darkness. I drove on, not needing the light very badly. When I started home I lit the thing again and it lasted until I was almost home, when out it went again.

Next day I examined it carefully, thinking perhaps the fault was in myself instead of the lantern, but could find nothing wrong. Of course I have used it a few times since, and it works fairly well when the wind does not blow and the roads are smooth. The makers claim that it will throw a light 200 feet ahead, but mine will throw a fair light 20 to 40 feet. The spring that holds the wick from going down soon got weak, and the wick would jar down so that the light was no good; or up so that the glass would get black with smoke.

I have not used my lantern for a year or so, and if any of your readers want it for $1.00 they may have it. I am using a "Solar" acetylene lantern now, and it is a dandy.

Center Junction, Iowa. T. B. KENT, M.D.

Editor MEDICAL WORLD:—Having read several complaints from physicians in regard to the Dietz driving lamp, and as I have been using one for some time with perfect satisfaction, I feel it my duty to say a word in their praise. I have one that fastens on the dash or spatterboard of my buggy, and it has been a real treasure and comfort on many a dark night, and I have faced many stiff winds and have never had it to blow out or seem inclined to. I value it very highly. L. B. YOUNG, M.D.

Rolesville, N. C.

Editor MEDICAL WORLD:—Regarding Dr. Blackmore's trouble with his driving lamp, I will say that I have used a pair of Dietz lamps for five years, over a rough country, with perfect satisfaction. They will burn ten hours, and only a few times in a gale of wind, have they ever gone out. It is impossible to jar them out. Perhaps he has not got the right kind.

Rawdon, Nova Scotia. I. D. MOSHER.

[As noted beneath first article, the lamps bear the maker's name.—ED.]

Editor MEDICAL WORLD:—In regard to Dr. Blackmore's inquiry for a good lantern, I would advise him to get a Twentieth Century acetylene lantern. It will not go out unless the fuel burns out. It throws a light much better than any inch wick supplied with oil. It is simple in construction and easily regulated. I think the price is about $4; can be purchased thru any bicycle dealer. G. S. IMRIE, M.D.

Orion, Mich.

Calomel.

Editor MEDICAL WORLD:—Dr. Martin's article, in your November issue (page 473), is so much in the line of my life work as a medical reformer, that I embrace the opportunity to write briefly against the use, as a medicin, of the drug which he so highly esteems and commends; and in which, I am sorry to say, the whole allopathic branch of the profession is of one mind with him. I suppose from their standpoint of *allos* = another, and *pathos* = disease (to make one disease supersede another), this drug may be very efficient, as it is quite sure to make the mercurial disease, whether it supersedes the other or not. But why is so little said in general medical literature in favor of the thirty or more other preparations of the same metal contained in the allopathic pharmacopeia? Is it because calomel is the least dangerous and poisonous of the lot? If this metal is such a valuable medicin, why are not the more and most powerful of all these preparations the more and most valuable? The more and most powerful will surely bring in the new disease much more promptly than the milder. Corrosiv sublimate, for example, will, in much smaller doses, and much more speedily, induce the new disease.

The Doctor commends it first as a cathartic. Yes, it is a cathartic, but are there not scores of other cathartics? But this one he declares to be "almost equal to a

(Continued beyond Yearly Index. Raise staples with a pocket knife, lift Yearly Index out, and bind in front or back of volume, as desired. On account of the unusual size of the index this year, we omit the title page and blank page on opposit side of same leaf. As practically all who bind WORLD use the WORLD Binder (only 35 cents each, or three for $1), a separate title page is not needed, and is seldom used. However, if as many as 100 of our subscribers request a separate title page, we will supply it without extra cost.)

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search warrant in legal affairs; it seems to *scour* the intestins." He further says he "has known it to cause a little blood to appear in children's stools." I can indorse all this and go even better than the Doctor does in this direction. I have known a ten grain dose of it to so *scour* the intestins of a grown up man, a tuf working man at that, that he passed a half gallon of blood and serum from his rectum, and declared that he was "on fire inside;" had a fearful intestinal inflammation and barely escaped with his life! Indeed he did not long survive this new disease. This case I attended professionally, but another physician, who gave the prescription, informed me that the dose was "only" as above stated. The Doctor will doubtless admit that there are plenty of other cathartics that will *scour*, if he desires to scour his patients out "equal to a search warrant in legal affairs."

Again, the Doctor advises that it is best to follow it with salts, or something to *carry it all out* of the intestins! What? To scour out the scourer? Why? What for? Next, the Doctor commends it as a cholagog which "carries off the worn out bile and produces good yellow stools." Are there not many other cholagogs that will do this as well or better than calomel? and that, too, without any danger of injurious effects? and without any necessity of "being followed with salts, or something to carry it all out of the intestins?" Still further, he claims for it that it is an antiphlogistic; opposed to inflammation. True, but in a pathological manner. In other cases it produces inflammation, instead of allaying it, as in the one cited above. Its antiphlogistic properties are its most objectionable and dangerous ones. They are what he in another place commends as its "alterativ" ones. It *alters by softening the blood cells;* and out of these softened, degenerated, corrupted cells are constructed all sorts of morbid growths: skin diseases, tumors, Bright's disease, cancers, tubercles, etc. Its alterativ properties are its dangerous ones, and the ones that constitute it *a blood corrupting poison*, and hence the necessity on Dr. Martin's part of "*scouring it all out of the intestins*" as speedily as possible to keep the system from absorbing it! It is because of this that Dr. Dungleson, in his medical dictionary, was compelled to give the absurd definition that a medicin is "anything given *with the intention* of curing disease!" The mistaken use of such poisons as medicins was what led the celebrated Dr. Benjamin Waterhouse to exclaim: "*We have increast disease! We have increast its mortality!*" It was no doubt the free use of these blood poisons (mercury, antimony and arsenic) in connection with bloodletting and blistering in the medical practise of our fathers and grandfathers under the misleading teaching and misled practise—"science falsely so-called"—which reduced the average of human life to *thirty years* in their day, and which the reformation originated by that illustrious quack, Samuel Thomson, in this country and the celebrated Dr. Hahnemann of Germany, followed up by physiomedicals and eclectics in modern times, has caused to increase to fifty years. In that day men died with old age at 50 to 60; now they go on to 80, 90 and 100. I am myself in my seventy-eighth year, and have many old neighbors and patients who are 80 to 90, and some between 90 and 100, and one old friend in her 100th year! To none of these or any other patient I ever had did I ever give a grain of calomel or any preparation of mercury or antimony. Some of my patients who have grown up from infancy to middle age have been anticipating affliction from cancers, because one or both parents have died from them, but I have always assured them they need never fear, for people who have never taken mercury, antimony or arsenic never will have cancers! That I believe is the simple truth. I have been in practise fifty-three years, and much of that time had a very extensiv practise, and without claiming better results than my neighbors, I am sure that I have not increast disease or increast its mortality, and that my success had been fully equal to the best practicians. I am also well convinced that if the medical profession will cease to prescribe these inorganic, blood corrupting, poisonous drugs altogether, they will confer the greatest boon upon humanity that has ever come to the race from the ages of medical history.

With my kindest regards to Dr. Martin and the warmest desire for the progress and most brilliant achievements for the profession generally, I remain its true friend. J. S. PRETTYMAN.

Milford, Del.

[Many will agree with Dr. Prettyman, but the majority of the profession will agree with Dr. Martin. These columns

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are open to sincere advocates of what they believe to be medical truth, and who have earned the right to a hearing by deep, wide and honest study and extended experience.—Ed.]

A Few Cases.

Case 1.—Ole L——, lives four miles from town; called at my office to see about having me visit his sick child, and askt what my charges would be to make the call. Upon telling him my price, which was reasonable, he replied that he hardly thought the baby was worth that much money, therefore I need not go. I dismist the inhuman father as a very bad egg.

Case 2.—John B——, American, called for me to come at once, that one of the boys had accidentally shot himself while hunting. The family were of considerable means, and later on in the case different members urgently requested me to do my best to save the sufferer, and that, if he could only be saved, they would willingly "scratch off their fingers' ends" to remunerate me. No pains, expense or time were spared that I might save him from septicemia or a fatal end. After losing a great deal of sleep, I succeeded in saving his life. My bill was made out, and if anything, too liberal, and in due time was presented for payment. The family absolutely refused to pay.

"Blow, blow, thou winter wind,
Thou art not so unkind
As man's ingratitude."

Case 3.—T——, widower, aged 55, called at my office and askt me to go to his residence and see if I could save his 18-year-old boy. He informed me that he had recently lost one boy of the same trouble (intussusception), and had very little hope of seeing this one's recovery. The family were perfect strangers to me, but nevertheless I accepted the case, made five visits, and was rejoiced to see the boy convalesce. My charges for the five visits amounted to $35, which the happy father paid and remarkt that the price was cheap and that he would have willingly paid the bill if it had been three times as much. That was genuin gratitude.

Case 4.—Antoine A——, age 30, Norwegian. While imbibing too much of the fiery fluid had a contention with an Assyrian, who knockt him senseless by cracking his skull with a hammer. After faithfully dressing the wound my bill was presented, and completely ignored by him. Not receiving either money or thanks, I presented the bill to the town authorities, who paid the amount without asking any questions.

"Sin is a vexation to the ship of state."

Case 5.—Kanute ——, age 50, a Viking character, lives ten miles from town, sent in great haste for me to come and see his son, who I found in bed with a dangerous attack of acute pneumonia. Two days afterwards I started out to make a second visit, but was met by a messenger who said he had orders to tell me that the boy was better and it would not be necessary for me to come. Three days later tidings came that the boy was dead. The day before his death, the fourth day of his illness, he had gotten out of bed to attend a dance two miles from his home. On his return kind nature's angel of death greeted him.

"None but a fool is always right."

Case 6 —Male; age 40; by reason of an affliction had not been able to breath with any pleasure for a period of four years. On an examination I found both nostrils occluded with polypi, which indicated operation, which was afterwards performed with success. He paid my charges of $40 with promptness, and stated that life was now worth living, and he would have been willing to pay $500 for such relief.

Case 7.—A messenger had word for me to visit Mrs. E——, who had a very sick baby. On reaching her house I found a poor, distrest widow, with six small children; one of the sick ones was wrapt in filthy rags on a broken rocker; the other sick child was lying on a disgusting old reversible couch that had been brought from Norway, and lookt old enuf to have been used by one of the old Norseman sea kings, or by some of the Vikings who visited this country before Columbus. Excluding the cook stove, there wasn't a single comfort in the house. Floor and walls were bare and comfortless, and everything around bespoke the direst squalor. The sick children were attended to, and I was preparing for my departure when the widow requested my bill. I told her that I would see that the township paid my bill and look after her other wants. Bidding her goodbye in her own language, I drove off to my home five miles away, thinking of the sufferings of God's poor. On the following day her eldest son came in and insisted on paying

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the bill. Payment was finally accepted after a liberal reduction.

"Let us be merciful as well as just."

Case 8.—J. O., Swede; age 44; uncouth, corpulent, and very wealthy. Called and inquired what my charges would be to visit his wife, who had become very weak from postpartum hemorrhage, and he was very much afraid she would die before he returned home. After telling him my charges would be $2.50 or $3, he requested me to wait until he returned home, and if his wife was any worse he would come for me. He did not return, but his poor, unfortunate wife suffered on for several weeks. This same man spends thousands of dollars on threshing machines and fine bulls.

Some men think more of their bulls than they do of their wives.

Case 9.—A Slav had me waked up about 2 o'clock one night, when the thermometer was dancing around 30° below zero, and askt me to go and see his sister, who lives eight miles in the country. She had suddenly taken sick during the night and my services were needed in a hurry. Hastily putting on my clothes and ordering my team out, we were soon spinning across the snow-covered prairie thru the bitter cold wind. After driving about seven miles against the torturing wind we were met by another messenger, who had come to inform us that the girl was better and my services were not required. The messenger paid full charges and we separated, returning to our respectiv homes. The girl had had a "fit."

Case 10.—Was called to attend Mrs. O——, who lived twelve miles in the country; on my return Mr. P—— requested me to go and see his wife, which was another twenty-four miles' drive. I returned about 10 o'clock at night and was met in the road by ex-Congressman H——, who wisht me to visit his daughter. This gave me twelve miles more. The night was cold, the roads rough, and when I returned it was half-past two in the morning; but there was "no rest for the wicked;" a young man met me within a half mile of town and implored me to go and see his father, who had gotten drunk and fallen from his buggy, dislocating his shoulder. This gave me sixteen miles more that night, and when morning's light came I was cold, tired, hungry, sleepy, and with another day's duties before me.

Case 11 was no other than myself, a very hard patient to control. It was during the prevalence of the grip, and up to this time I had escaped its clutches. So many were sick that I at last had become worn out in body and mind, and felt the attack coming on with all of its pains and concomitant ills. Endeavoring to nip it in the bud, my wife applied all the necessary domestic care, and I added to the treatment by taking twenty grains of phenacetin and wrapping up in a warm bed, with the full expectation of being well the next morning. About the time I had gotten to sleep and the pores of my skin in a splendid diaphoretic condition an urgent call came, which, with two others, were attended to that disagreeable night. The next day I did not lie down of my own free will and accord, but the weakness and high fever, tightly binding me with their torturing shackles, threw me down and held me there for a week. The immortal poet expresses my feelings well:

"Once when I had a fever, I won't forget it soon,
I was hot as a basted turkey and crazy as a loon,
Never an hour passed by when she was out of sight,
She nursed me true and tender, and stuck to me day and night."

Brooten, Minn. W. STUART LEECH.

Oenanthe Crocata. Linné.—Its Effects in Health and Sickness.

Oenanthe Crocata is a perennial, umbelliferous, aquatic European plant and exceedingly poisonous to both man and inferior animals. The root has a sweetish, not unpleasant taste, and is sometimes eaten by mistaking it for parsnip, often with fatal results.

The symptoms of poisoning are very uniform and appear soon after eating *very suddenly*, with a scream and convulsions resembling epilepsy. There is also present delirium, vertigo, stupor and at times opisthotonus. The convulsions continue till death, which ensues soon or after several hours.

The law of "similia similibus curantur" is very strikingly illustrated in the following case:

A robust and until recently healthy woman of twenty-six years, pregnant for the first time (seventh month), complained on November 4 of headache and swollen feet for the last weeks. The following night I was called on account of a peculiar attack of unconsciousness and strange movements, which had awakened her husband, who could not give more of a description, as they slept without a night

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light. I gave belladonna. The next night she had another, worse attack, while asleep, and still another before my arrival, after which she had two more, much severer, in quick succession.

Status praesens: Complete unconsciousness, eyes half open, staring, face and neck dark red and turgescent, froth at the mouth, teeth set tight, a singular noise in the throat as if she were being strangulated, upper and lower limbs flext, hands tightly clencht, the whole body in a shaking, convulsive motion.

Taking the case for epilepsy, I inquired whether she was afflicted with this disease, to which the husband replied in the negativ.

I prescribed oenanthe croc., third decimal dilution, one drop (equal to 1-1,000 drop of the tincture) every ten minutes for one hour, afterwards less and less frequently. She had no other attack before, during or after the confinement, which occurred eighteen days later, notwithstanding her other symptoms, dropsy, albuminuria, headache and amaurosis, continued growing worse, altho several homeopathic medicins were successivly administered. How much they may have retarded the progress of the disease is impossible to tell.

Now note these two points: First, the great similarity between the symptoms of oenanthe and of epilepsy, and secondly, the immediate and permanent stoppage, thru minute doses of the simile, of this epileptic form of convulsions, altho the cause not only continued, but kept increasing in force.

To fully appreciate the woman's condition I will add the following: On the 18th of November the anasarca from the feet to the navel was so severe that she could neither sit up nor lie down; only a half sitting, half recumbent position on the edge of a chair was possible. The labia pudendi were so much swollen that the urin passed between them with difficulty; they were covered with several one to two inches long water blisters, which I opened to allow the water to escape. The legs were much swollen and covered with large blisters, some open and discharging. The urin contained an immense quantity of albumin; headache; vision diminisht.

On the 22d of November she was taken with labor pains, and after several hours the child was born, a very large quantity of water rushing out before and after its birth. After the removal of the afterbirth the abdomen of the woman was nearly as large (ascites) as that of a woman at full term. The child was very emaciated and lived only three days. As she could not lie down during the birth, I placed two chairs beside each other, tied together the two inner hind legs of the two chairs, spread apart the front legs, and had her sit in a half recumbent position over the open triangular space on the two edges of the two chairs.

The amaurosis (retinitis albuminurica) was so severe on the 22d of November that she could not see my hand at the distance of three feet in broad daylight; she could only see the outlines of persons close to; beyond fifteen feet she could discern nothing.

Four weeks after her confinement she came without a guide to my office. Within several months she made a *complete* recovery, including her amaurosis, the last affection to yield. Also a chronic disposition to fainting fits disappeared.

Roseburg, Ore. F. G. OEHME, M.D.

Just Stop and Think a Minute.

Our circulation is "on the jump." See figures at top of first editorial page. It can now be confidently stated that THE MEDICAL WORLD has more *subscribers* than any other medical journal or magazine in the world. This fact is a matter of pride to us, and at the same time it is a source of worry, for the number of those kind friends who do not stop to think is increasing. To be explicit, the number of communications from subscribers beginning as follows is increasing: "Please give me by return mail your private opinion, diagnosis and treatment of the following case; stamp inclosed for reply." Now, we take as much pleasure in helping doctors as the President does in hunting bears; but just stop and think: If we would attempt to consider the difficult cases of all our subscribers, making appropriate investigations, etc., and write private diagnosis, treatment, probable prognosis, etc.—if we were to attempt to do this for all our subscribers we would be dead in a week. Those friends who have not considered the situation evidently have not read the standing notice at the head of the Quiz department. We adopted this as a means of relief. Many readers make it a rule to *never* read a standing notice in small type. That is a bad rule. Such things should *always* be read, for they are put there for an important purpose—important to both you and the Editor. We enjoy serving the profession; so much do we enjoy it that we have made THE MEDICAL WORLD a method of doing it in a wholesale way. It is a letter, or rather, a bunch of letters, to every subscriber every month. In this way we can give large service to each one of

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our many thousands of subscribers every month. On the retail, or individual, plan of "Please write me diagnosis and treatment of the following case" we could not render anything like as large a service to the profession. We wish that we could do both. We wish we could soar on fifty thousand opinions, and carry help, rest and blessing to the perplext and weary doctors of every part of this great land. But alas! We are human, with all the limitations that our material existence imposes. Let us all work together, each one doing the best he can. The reward is sure. The satisfaction in doing our best for our suffering kind is a greater reward than gates of gold, streets of pearl and a tin horn.

The Strenuous Life in New York City.

As I remarkt, this strenuous life is simply a killing one. Think of a doctor being called to Brooklyn. Having to first take a cross-town surface car to an elevated road, arriving at the bridge the crush begins, and after a hard fight he lands on the other side. A rapid flight is made in order to catch the necessary car; several changes are made before he has landed at the door of his patient. Then his return over some crooked road with weary changes; he lands at his office after traveling a dozen miles or more, been knocked down a score of times, full of dust, sweat and "cuss" words, and possibly with two dollars, to be charged for his services.

It would be difficult to name a dozen specialists in this great city. I mean men who really "do what they say"—limit their work to any one branch in medicin or surgery; and what an injustice this is to the man who really does. But they seem to be suspicious of each other, and all go in for what they can get. The man who limits (?) his practise to surgery here often delivers his neighbor's wife of a "fine baby boy" just to keep in *practise*. The G. U. specialist (?) treats scarlet fever as a side issue, and the throat man "looks up the rectum in order to make two *ends* meet." And so runs the world away, and the *devil* take the hindmost, here in New York. Well—Louisville is good enough for me.

There can be no doubt but that the intention was good in establishing post-graduate schools. Verily, every man who has practised medicin for a score of years has felt the necessity of "brushing up," as it were, and the post-graduate was the thing. Yet one has but to "look in" on one of these to be convinced that a great harm is being done—men from all parts of the country are here for the purpose of becoming specialists, and that, too, in the short space (or long) of SIX WEEKS.

I had occasion today to have my hair cut. During the time that it required to do the job I gained some valuable information from my tonsorial friend. I said to him, "You people should have schools in which could be taught this very essential art." He replied, "Why, we have; but don't you know that there are men who really think that they can learn to 'cut hair' in *six* weeks?" Think of it. And at the same time I was thinking of the hundreds of medical and surgical specialists in the country who had been made such in *six weeks*—think of it—six weeks.—Dr. J. M. Matthews.

Quiz.

New books, as they appear, are sent to our Assistant Editor, Dr. A. L. Russell, of Midway, Washington Co., Pa., for review. As the Doctor thus has all the late books for reference, and is made familiar with them by reviewing each one carefully as it reaches him, he is unusually equipt for answering queries. Therefore it has been our custom for a long time to send queries to him for reply. In fact, the Doctor made a special request that this be done, as he enjoys this work. It now occurs to us that time will be saved if you will send directly to Dr. Russell matter intended for the Quiz Department, which has grown so much under his vigorous "treatment." Please notice that our query department is not used to "boost" proprietary remedies, almanac fashion. THE MEDICAL WORLD has no interests other than to give to the medical profession the greatest amount of honest service possible. It has absolutely no interest in any proprietary preparation nor any medical supply house. Other medical editors have become, and are becoming, wealthy, by using their pages to increase the sale of preparations that they are interested in; but we prefer to render service to our subscribers that is above suspicion of personal pecuniary interest. How can a man interested in the sale of certain preparations render the best service? He is always trying to push one of his preparations in. That is commercial journalism. We prefer ethical journalism—and so does the profession, for THE MEDICAL WORLD is growing in popularity faster than ever before—and our subscribers are *paying* ones. They *must* be, for we have no medicins to "boost," nothing to sell, nothing to depend on but pure journalism; but doctors that want honest, straight journalism are willing to pay for it—they are glad of the opportunity.

Only such queries will be publisht as are likely to interest and instruct many others as well as the one asking help. No charge has ever been made, nor will any charge be made, for this service to our subscribers. However, those who wish an immediate and personal reply by mail may obtain the same by inclosing two dollars to Dr. Russell. This is really a consultation in the interest of the patient, and should be charged to the patient—two dollars being a very moderate consultation fee. The Doctor agrees to give full, careful and immediate attention to such consultations. We reserve the right to publish in this department any such consultations that may be interesting and helpful to our readers. Name and address will be withheld if requested. Come freely for help, but read up as fully as you can before coming to us.

Editor MEDICAL WORLD:—In October issue, article "Physician before Coroner," page 413, you say there are some valuable manuals for post-mortem work and allied subjects. Kindly mention some. JAMES S. MCKAY.

Potsdam, N. Y.

[You will find "A Brief of Necroscopy," publisht by Funk and Wagnalls Co., of New York, N. Y., at $1.00 an admirable little work on the subject. Kindly mention THE WORLD when writing them. Read our book reviews.—ED.]

Editor MEDICAL WORLD:—What conditions would account for the arrested development of both forearms in a woman now fifty years old; they are only as large as they were at about twelve years of age. Your answer would greatly oblige M. H. BAKER.

Chicago.

[Any central neuritis might cause such a condition. Most likely the fourth cervical nerve has been involved, and possibly the fifth, sixth, seventh and eighth are included. If the effects of the lesion extend as far as the extensors of the thumb and the thenar and hypothenar eminences, the first thoracic is also included. The condition is exactly analogous to the

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effects of acute anterior polio-myelitis as commonly seen affecting the leg in children. Had you given full details as to functional power, sensation, etc., we could have given a more complete reply.—ED.]

Editor MEDICAL WORLD:—Would be pleasep if some of your readers would give thru THE MEDICAL WORLD the formulas for "Madison's Magic Remedy," and "Marshall's Catarrh Snuff," and oblige an old subscriber.

Sethton, Mich. W. MCWILLIAMS.

[We are not familiar with either of the nostrums you mention, but hope some of the family may be able to forward you a working formula for both of them. Note our editorial in this issue on catarrh; it may give you some suggestions.—ED.]

Editor MEDICAL WORLD:—I have a patient whom I have treated for the last three months, and in whom I am unable to make a diagnosis, and the treatment which he received seemed of no avail. I write this letter to you, hoping you or some of the WORLD readers may assist me in making a diagnosis and give a line of treatment.

Mr. A. is 28 years old, German, decorator by trade, married; family history good; father still living; mother died of heart disease; brothers and sisters well and all living. No history of tuberculosis, syphilis or rheumatism. Habits good; smokes one or two cigars a day, does not chew, drinks one glass of beer a day as an average, drinks no whisky.

Present illness: Three months ago he came to me one night complaining of urgent dyspnea. He lookt strong and well and said he was never sick before in his life. I examined his heart and lungs and found them normal. I thought that he had probably eaten too much, so I gave him a saline purge and sent him home.

Two weeks later he came to me again and said he felt worse. He complained of pain in the pit of his stomach, that at times he felt a little nauseated, and several times he had vomited, which seemed to relieve him. He still had his attacks of dyspnea, which had increast in severity. He said these attacks started by a feeling of oppression in the region of the stomach, and seemed to travel upwards and squeeze the wind out of him (giving his own words), then he said he would feel faint and would sweat profusely, and after the attack was over his limbs tremble and the surface of his body is cold. These attacks vary in duration from five minutes to one hour, and in intensity from simply a feeling of oppression to one of urgent dyspnea. These attacks seem worse at night. He says he has a bad taste in his mouth mornings.

I gave him a thoro examination this time. I I found his larynx, pharynx, heart and lungs normal. On examining the abdomen I found a tender and painful spot about two inches above the umbilicus extending upward, outward and to the right, to the vicinity of the gall bladder, but the gall bladder was not enlarged. The pain in this region was increast by pressure; but no mass of any kind could I find. The liver and spleen were normal. Next day I gave him a test-meal, and in 30 minutes I removed the contents of his stomach and found the food digested, and HCl present in normal quantity. I then examined his urin: Sp. gr. 1,025, light amber, no aib., no casts, no sugar, but a large amount of indol. I thought I had at last discovered his trouble, but only to go to my Waterloo. I examined his blood; no malarial parasites, no leukocytosis, no dimunition in the hemoglobin, red blood-cells 4,826,000, white 6,000.

Treatment: I have given him capsules containing 10 gr. of salol and 10 gr. ol. ricini every two hours, and a mixture of bismuth subnit. 6 gr., tinct. of cinchona co. m. xx, elixir lactopeptone m. xx, to every tablespoonful.

This mixture was given three times a day, one-half hour before meals. After each meal he received a pill containing:

Ext. nux vom. .....gr. ½
Ferri carb.....gr. iij
Pulv. rhei.....gr. j

With this treatment he has improved some, his pain in the stomach is gone, his sweats a little diminsht, his bowels are regular, but he has lost forty pounds in three months and gets those spells at least once a week. I have restricted his food some, letting him take only light and easily digested food. He is unable to work, and seems to think that there is no hope for him.

Paterson, N. J. WM. H. JACOB.

[Have any of the WORLD family a solution of the problem as to the cause of the peculiar symptomatology of this case? Is it a spasmodic asthma excited by some undiscovered cause? The patient being a decorator, perhaps he uses paints. The possibility of lead poisoning suggests itself to us rather strongly, tho constipation is not present, and wrist drop is not mentioned. We suggest that the Doctor read up on chronic lead poisoning.—ED.]

Editor MEDICAL WORLD:—I ask for some suggestions on the following case: Wife, 24 years of age, has one child six months old; been under my care five or six weeks for painful micturition. Urethra tender on passing catheter; urin acid; very little mucus, normal in quantity and in appearance. Had this trouble some before birth of child but worse since. No tenderness now over bladder. Have cured up a cervical endometritis. Irrigated bladder with glyco-thymoline, sol. borax and hydrastis, also sol. boracic acid internally, tritica, maizavena (Merrell's), lithium benzoate, copaiba and sandal wood, alkalin diuretics and soda salicylate. Has a good appetite; bowels regular; in fact, seems free from any other trouble except the pain on passing urin. No sugar nor albumin.

Iowa. B. S.

[You have treated the case well, and we could not criticize except to suggest that you may perhaps have given too

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much good medicin, and that your use of diuretics should have been confined to those having a selectiv action on the mucous membrane of the bladder or those which have the property of neutralizing the urin. We would make a careful examination of the meatus urinarius for caruncle or fissure, and would thoroly explore the entire urethral tract under full illumination. If you once absolutely exclude any local lesion of the urethra or meatus, the origin of the trouble must be in a sub acute cystitis, which may be a self dependent condition or may be the result of constant irritation from the acrid urin. We suggest that irrigation be suspended for a time and internal medication be tried. Keep the urin neutral and be sure that it is so by making daily tests soon after it is voided. Many of the common diuretics will do this if you give enuf of them, but perhaps the potash salts would act best in this case. Insist on the ingestion of large quantities of water between meals. Give epsom salts freely, but not to purgation; it has a selectiv action on the mucous membrane of the bladder that we too often overlook. Occasionally when all other means fail, the simple procedure of passing the urin in the recumbent posture prevents pain to a considerable degree.—ED.]

When will all our subscribers learn that we give no attention to communications not accompanied with the name and address of the writer? "G. S. W., Ohio," will do to publish, but *we* must know who "G. S. W." is. "There are others," also. Don't send anything here, if you don't want us to know who it comes from.

Dr. I. I. Smith, of Bailey, Fla., reports a case of dropsy, beginning in 1900, from which he drew at different times a total of 436 gallons of water, and finally cured the case with iron. He was called again in 1902 to the same case, and after drawing a total of 200 gallons of water the patient got well again under the same treatment. He wants to know where all this water came from, as her kidneys acted freely all the time.

Editor MEDICAL WORLD:—Please give best treatment for external fistula in ano. W. VA.

[Antiseptics and caustics followed by packing so that the tract may heal from within outward are commended by some practicians, but the best plan is the simple operation described in all works on surgery. When properly performed it is almost universally successful, and it requires no special skill.—ED.]

Editor MEDICAL WORLD:—Since last winter I have had an occasional attack of biliary colic. I am just now recovering from a very severe attack. In my recent illness my medical attendant advised me to call in a surgeon from the city, who advised me to undergo an operation for removal of gall stones and maybe excision of the gall bladder, just as soon as I have fully recovered. Now, such an operation will take me away from my practise for a considerable time, not considering expense, loss of time, loss of practise, etc. What I would like to know is:

1. Is there such a thing as a biliary solvent?
2. If so, what is it and how administered?
3. Would you consider an operation the best procedure and wisest plan?
4. Is there any successful treatment for gall stones without operation?

Now, brethren, can you help me? Or must I undergo the knife? F. H. KALBFLEISCH.

Berlin, Ontario, Can.

[Many substances have been recommended as solvents of biliary calculi, but none have stood the test of experience, and it is probable that the only beneficial action they have is that derived from depletion and catharsis. Among the most popular are the following: Sodium phosphate in dram doses three or four times daily; sweet oil in one half pint doses frequently repeated; Carlsbad water; the saline purgativ waters; piperazin, etc.

If the attacks are increasing in severity and frequency, we would advise operation at the hands of a surgeon experienced in this class of surgery. Some cases of gall stones are reported cured without operation by the various medicaments named above, but very many more fail to derive any benefit from even protracted courses of all of these agents. Doubtless many WORLD readers will suggest treatment to the Doctor, for many physicians are confident of their power to "dissolve" biliary calculi, despite the overwhelming concensus of professional opinion against them. The "cures" are probably cases in which there was only one stone, or the remedy was taken after the last stone had passed. —ED.]

Editor MEDICAL WORLD:—I desire a prescription for tape-worm in a man 60 years old, weight 220 lbs. He is very nervous, and his stomach is quite easily upset. MINNESOTA.

[The only reliable method of securing expulsion of a tape-worm is by giving an activ cathartic followed by a fast, and then giving the oleoresin of male fern in generous dosage, and follow it in a few hours with another cathartic. The nauseous taste of the preparation cannot be successfully disguised, but if no mention

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be made of the bad taste the patient will probably retain the dose. Complete details of the method are given in all text-books on practise. In case the head is slow in coming away, it has been advised to inject ¼ grain of morphin into the body of the worm as it protrudes thru the anus, when it is said, the head will soon loosen and pass away. We have not tried this personally.—ED.]

Editor MEDICAL WORLD:—Do you think that a chronic case of hysteria could be cured by removal of ovaries? Please give to THE WORLD readers your views on this subject.

Fairfax, Vt. DR. C. S. PATTEN.

[Undoubtedly many cases of chronic hysteria have been cured by removal of the ovaries. In the vast majority of such cases there was some morbid condition in the ovaries themselves which was probably the direct cause of the hysteria. Hysteria has been cured by exploratory incisions. We would protest against the removal of the ovaries in hope of benefiting hysteria unless there were good reasons for believing that actual disease existed in the ovaries themselves. The pendulum has swung backward again and oophorectomy is not resorted to so frequently as in former years, and the best operators now strive to preserve all the tissue possible by removing only the diseased portion, when formerly the slightest evidence of disease doomed the entire gland, and some operators went so far as to remove an entirely healthy ovary when its mate was found to be diseased. This unwarranted procedure was bolstered up by the assertion that the sound ovary would sooner or later become involved, and when the abdomen was open it was just as easy to remove two as one and no greater risk was incurred, and the woman was saved danger of future operation. Such reasoning, if logically carried out, might well have included the removal of the vermiform appendix, the uterus, and perhaps other organs. No operator of high standing now follows this plan except in advanced cases of malignant growth.—ED.]

Editor MEDICAL WORLD:—Would you please briefly state when the following are indicated, and each one's distinctiv use? Cod-liver oil, hypophosphites, ferruginous preparations (U.S.P.); and when to the latter is it well to add tr. nux vomica, or Fowler's solution. Is the syr. iodid of iron contraindicated if there is only slight suppuration in cervical adenitis (tubercular)? Is there much difference in the choice of (U.S.P.) iron, whether the tincture, pyrophosphate, citrate or Blaud's?

I have tried to find this information in my text-books, but could not, so I appeal to my old stand-by, THE WORLD. W. C.

Missouri.

[There is no such collection of data that we are familiar with, and we do not see how such a list could be compiled. You can get indications and contra-indications for each drug mentioned in any good modern book on therapeutics. Considerable latitude is exercised by the profession in exhibiting such preparations; one physician choosing cod-liver oil where another would select the hypophosphites, and vice versa. Nux vomica, like the others, must be studied individually and exhibited if indicated by an individual patient; it is preferably given alone to avoid possible incompatibility. Fowler's solution is generally given alone to insure accuracy of dosage and allow of readily altering the dose without having to order an entire new bottle of medicin. Syrup of the iodid of iron is not contra-indicated in adenitis with or without suppuration unless it be found to derange digestion or otherwise interfere with the patient's general condition. The various preparations of iron are selected from choice of method of administration. You will find the tincture of the citro-chlorid of iron prepared by the directions given in the National formulary an elegant preparation of equal power as the tincture of iron of the U. S. P., and being devoid of many of the disagreeable features of the latter. Careful study of any good therapeutics will give you just the information you desire, but it cannot be condenst into the space we could devote to it.—ED.]

Editor MEDICAL WORLD:—What is the pathology and treatment of the condition found in some old persons, which they denominate "rheumatism," producing stooping, and pain and stiffness on motion? They frequently complain of pain in the tendons and joints. Is it due to muscular atrophy? And is there any means of permanent relief? A. D. MCELROY, M.D.

McKeesport, Pa.

[Doctor, that is the first time we have ever been askt the pathology and treatment of old age; and if you will reflect a moment your reply will emanate from your own brain. Theoretically, perhaps, an absolutely healthy man ought to live always; but Nature has not yet succeeded

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in keeping a man healthy long enuf to prove the theory. We know that the tissues atrophy and the arteries become rigid in certain individuals at certain ages. Some men are older at forty than are others at eighty; as has well been said, "A man is just as old as his arteries." You know that the angle of the neck of the femur is altered in age by the absorption of material which helps to make up the osseous tissue; you know that the muscles atrophy; that the tendons shorten; that the heart loses "vim," even if no lesion be present; the eyes fail; the brilliancy of the intellect is dimmed; the man becomes a child again. And this all occurs in what we dub "healthy old age;" and we look on in our ignorance of the mysteries of the depths pathology has never delved. Treatment of such condition there is none. Visionaries in multitude have followed the dreams of Ponce de Leon, but the Spring of Life is not in this world except in Rider Haggard's "She." Stern reality and actual fact confront and baffle us without vouchsafing an answer, whenever we attempt to come too close to the mysteries of life and death.

Where evidences of rheumatism are actually present, the treatment is the same in age as in youth, only remembering that old people bear medication with powerful drugs less readily than younger people.

Advise your aged patients to take such exercise as their environment permits, and to eat less heartily than when at activ labor in their youthful days. Have them clothed in woolen under-garments. See that the emunctories and digestiv functions are kept in good working order. The practise of gentle massage with cod-liver oil inunction is grateful, beneficial and nourishing. Have them get an abundance of fresh air. Let the food be nourishing, yet not strong nor hard to digest. Lead them to grow old gracefully. Provide diversion for them, and humor their whims in reason, and let them die happy. In short, to answer your last question: Such conditions (when no actual disease is present) are due to atrophy from absorption of the vital salts and fluids which make up the organism, and there is no "permanent relief" except in the "long sleep." Temporary relief and comfort may be attained by judicious care and attention, but we must all pass under the stroke of that last great enemy, Death.—ED.]

Editor MEDICAL WORLD:—My patient, described in October WORLD, pages 448 and 449, has since succumbed from the disease, which was not anticipated by anybody connected with the case. Her mental powers were all intact. Not long before death she exprest a desire to live, yet willingly resigned to the inevitable. What perplext me very much was the sudden change, altho aside the usual suffering, she developt a laryngeal trouble which annoyed her whenever she ate, and during her last days it involved the respiratory functions. I diagnosed it edema of the glottis. The spasmodic cephalalgia became almost intolerable, and during the last twelve hours the pulse dropt to forty-eight per minute, but as soon as the pain ceast the pulse regained its normal rate. The spasms would last from five to ten minutes. I requested consultation; my consultant exprest himself with apparent confidence that the patient would recover; yet in less than two hours she was dead. When the final spasm occurred, respiration ceast, the pulse was thready and accelerated beyond the rating point. After death the face was turgid. Patient was never jaundiced. Why I offer this after her demise is because this was the first case of the kind in my practise of forty years. My wife's aunt was a similar case; her pulse acted in a similar manner; some hours before death the spasms in her case were somewhat different; the pains were located in the abdomen. She had the best medical advisers from New York City and Philadelphia; they could not devise any means to prolong her life. I did not see her in her last illness. I am desirous of the opinions of the Editor and of the readers of THE WORLD, whether all such cases will prove fatal, or whether there is any treatment that will cure, or sustain the system until the climacteric is survived.

P. HERMANY, M.D.

Mahanoy City, Pa.

[It was a perplexing case, and we can not tender any light on the subject. Perhaps some of the family may wish to discuss it thru THE WORLD columns, or may write you directly. Certainly you may rest secure in the confidence of duty well done, for surely no better attention could have been given by any one. We like to see an interest taken after a death occurring under such circumstances, and we earnestly hope your carefully written letters may draw forth a response. Why was not a post-mortem held? An unsuspected cause may thus have been found. —ED.]

Editor MEDICAL WORLD:—In current number of WORLD, in column of Book Notices, your reviewer, A. L. R., says in notice of "Massage and Swedish Movements:" "Any practician can take this book and become an expert himself, or train others as well as they can be instructed anywhere." On the strength of that statement I sent to the publishers and got the book. In contrast to A. L. R.'s state-

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ment, note what the author himself says on page 169, Art. IX: "Massage treatment is an art which cannot be self-acquired, but must be taught by an experienced instructor." Shall we, your subscribers, regard your book notices simply as advertisements? I had never regarded them so, but thought you made unbiased statements of facts after a careful review of the book.

I write calmly and kindly. I enjoy THE WORLD and have a good hope of heaven a little later on, but your answer to above question may serve for future guidance. I hope, too, that you will make the matter so plain that others may not be misled as I have been, and I believe you will. W. V. MARSHBURN, M.D.

El Modena, Cal.

[Doctor, we are glad you read our book reviews, even if they may not always voice your individual opinion of the value of a work in question. Every book submitted is carefully reviewed by a reviewer of experience in whom we have confidence. In this instance the review was made by a member of the WORLD staff to whom your letter was referred. He simply reiterates the opinion exprest in his review and says, quoting his words verbatim: "If Dr. Marshburn displays the professional zeal in the study and practise of the principles laid down plainly in the work in question which he evidences in his letter, we assure him he will become expert enuf to prove satisfactory to his patients and himself. Naturally massage treatment could not be taken up by physician or nurse who had not read a treatise or taken individual instruction with any hope of making a success of it. What does Dr. Marshburn think the author wrote this book for? Does Dr. Marshburn know no more of massage than he did before reading the book? Does the Doctor mean to say he does not feel competent to take up any movement the author describes, and thru sufficient practise become proficient in it?"

We thank you for your criticism; but we advise you to make some little further study of the book and a thoro trial of practical use of what you may learn there; afterwards we will be glad to hear from you again. Our reviews are not mere advertisements. The department is conducted solely in the interest of the profession.—ED.]

Editor MEDICAL WORLD:—Please aid me in following case: Patient is 45 years of age; weight 180 lbs.; married 15 years; wife living; has 5 healthy children; occupation, expert accountant. Since he was 18 years old, patient has masturbated two or three times a week. A year after his marriage his wife lost all sexual feeling and repulst the husband when he approacht her for coition, and it was only by great coaxing that patient succeeded in having access to his wife, as she complained that sexual intercourse was "too disgusting for anything but brutes." Patient occupies same bed with his wife, but she always wears a complete suit of underclothing so that no part of her flesh shall come in contact with her husband. Otherwise they live on the most friendly terms. Patient continues now to masturbate once a day, altho he would like to give up the habit. He is easily tired, and does not take much interest in affairs generally. His appetite is good, sleeps well, and he studies and reads a great deal. Does not suffer from constipation. Upon much exertion his pulse will increase very rapidly. I think if his sexual desire could be controled the patient would be benefited. He has tried mental and moral influence with no avail. G. H., M.D.

[Doctor, the case you detail is a distressing one, yet the universe teems with such. You have two abnormal conditions to meet. The husband is excessiv in his demands and should curb his passions; yet the wife is abnormal in having such a pronounced dislike for coitus. Let the husband refrain from approaching her so frequently, and when he does, let him endeavor to arouse some sexual feeling on her part by caresses and fondling. Let him restrain his impulsivness. Probably he makes his demands in a harsh manner, and this will disgust any woman of refined sensibilities. The wife without sexual feeling will generally submit to the marital embrace if she feels that she is conferring a favor rather than being forced to a disagreeable or painful duty. If the wife can be made to understand that she is abnormal, and that she has a duty that she should perform, and that she is a cause of her husband indulging in harmful practises, she will probably wish to be aided and will co-operate in efforts looking toward his wishes and her recovery. If she will submit to treatment, examin the clitoris to see if there are any adhesions covering its glans, and if so, free it by surgical means. Have the husband understand that no man actually requires coitus every day, and that he must curb his passion if he would retain the love of his wife. If he will deny himself for a month and then gently approach his wife near the time of the menstrual flow according to these suggestions, we believe satisfaction will ensue.—ED.]

Remember that apoplexy may complicate uremic coma.

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Editor MEDICAL WORLD:—Boy, six years old, weighs 30 pounds, light hair, looks pale and puny, goes to school, is lively as a cricket, good appetite, excretory functions at par, sleeps well, romps and plays with great relish. Parents healthy, no trace of tubercle or venereal taint in either, habits temperate. Father was in Civil war and a prisoner at Andersonville, Ga., fifteen months, which is prima facia evidence of his staying qualities. Said child has had digestiv and bowel troubles from the day he saw the light of day until he was three years old, during which time he took his share of medicin. In summer of 1901 he received an oblique inguinal hernia of left side. Treated with liniment and truss, and brought about a permanent cure in about nine months. Four months after, or about last February, he received (I think in an evening's romp with his brother) an oblique inguinal hernia upon the right side, which I have treated with one of Chesterman & Streeter's trusses, wherewith I have failed to retain the parts in place. In April last I applied a truss of a different make, with which I succeed in keeping it in place. I apply daily witch hazel. I have succeeded in keeping up a slight irritation in the region. At times he scratches to relieve itching and draws up the pad from its proper place; then the hernia protrudes, but not so far down as at first, which induces me to believe that it is healing slowly. As a rule, the truss is removed at night. What I want is your advice, or instructions how to proceed to bring about a cure, and more rapidly (if it is healing). In my thirty years' practise I have cured a good many similar cases, but am fearful I may not succeed with this case; hence I invite your aid, as I am personally interested in this case, as it is my own boy.

Find enclosed money order for one dollar, for which please send WORLD to a backslider who wishes to be reinstated. H. J. PETERS, M.D.

Rogersville, O.

[Hernias are frequently cured in children of that age by protracted wearing of a properly fitting truss, but you cannot expect to cure the case unless you can reduce the hernia and maintain reduction. You should have stated the size of the tumor and the condition of the rings, for on this depends the prognosis. If the rings are large and relaxt or easily dilatable, the prognosis of a cure by the truss is unfavorable. The injection treatment is now pretty well understood, and has a considerable proportion of temporary and permanent cures. It has been fully described in THE WORLD. We would not advise the radical surgical operation unless in case of strangulation. You have only three methods from which to choose: the truss, the injection method, or the radical operation. Alum added to your witch hazel application will prove beneficial in toughening the integument and preventing perspiration and scratching. Another very good application is made by adding alum to alcohol.—ED.]

Editor MEDICAL WORLD:—I am 47 years old, six feet one-half inch tall, and weigh 178 pounds. Family history good. Have been in activ practise of medicin in the country for twenty years, endeavoring to respond to every call regardless of the hour, roads, weather or my own comfort. Have been subject to rheumatism since 20, tho never having to "lay off" on account of it. Aching of limbs or joints for a day or two before a rain, or a severe, dull, hard pain for a few hours in muscles of abdomen or chest, or a knee, ankle or shoulder-joint would become sore and painful for a few weeks, gradually getting better. Tho the rheumatism has been much better during the last three or four years, am often troubled with twingeing pains in my toes or fingers for a few hours at a time, especially at night, and also with aching of the knee-joints, which makes me a poor sleeper, often lying awake for hours and turning from side to side to get in a comfortable position. This troubles me mostly in after part of night.

Last April I had an attack of acute nephritis of the left kidney. Had been well as usual and doing my usual work incident to a pretty extensiv country practise, when after a slight exposure in a shower I felt slightly chilly—head, limbs and back aching, followed by a temperature of 101°, scanty urin, etc. In spite of the discomfort I continued my work until at noon of the third day, when a sudden severe pain came on in the left posterior lumbar region, and apparently thru course of left ureter, with frequent voiding of small quantities of bloody urin, and accompanied with very severe dull pain, or hurting just inside the meatus urinarius, and feeling very much as if some foreign body had lodged there (which was not the case) but lasting only a few minutes after each urination. The hematuria lasted a couple of days, and the urin was slightly albuminous for two or three days more. My distress was very great for the first twenty-four hours, when I began to improve. A brother physician kindly saw me each day for a week. The prostration was such that after five days in bed I was unable to walk without aid. In two weeks from the beginning of the attack I resumed my work. A great deal of the time since then I have suffered from an aching in the back, or a dull heavy feeling, or a dull hurting over left kidney and around over left iliac region. Amount of urin passed each twenty-four hours ranges from thirty-five to fifty-five ounces, and the gravity ranges from 1,010 to 1,025, acid reaction, no albumin, no sugar. I have failed to regain my former strength and energy. A very little physical exertion does me out entirely, and a weak debilitated feeling is noticeable in the legs, which pervades the whole body. My appetite is good, and my weight up to the normal—178 pounds. Lungs are all right and heart sounds normal, altho a little exertion sets it to pounding strong and fast, and if I go to sleep lying on my left side I waken up

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at once with a choking feeling in throat, and coughing.

Now, Doctor, if this does not take too much of your valuable time, please kindly give me your opinion, and outline a treatment, diet, etc. I never use liquors of any kind, but smoke some. I don't want to quit work if I can avoid it, and have not thought it necessary, but am a little afraid of the exposure incident to a country practise during the winter. Best wishes for yourself and the greatest of medical journals—THE WORLD. A. B. C.

Ohio.

[A man of 47 ought to be good for many years of country practise if he will take proper care of the practise and of himself. Your history gives ample evidence of the uric acid diathesis. You have muscular and articular rheumatism. Do not console yourself that the heart is all right until it has been repeatedly examined by a competent physician, and then take his decision "cum grano salis." Ingest sufficient alkalies to keep the urin neutral thru the twenty-four hours. Take the salicylates generously during exacerbations. Avoid meats and take plenty of fruits. Keep the bowels freely activ by salines. Use woolen undergarments and avoid getting wet or chilled, by donning ample outer clothing. The cold will not hurt you if you do not get damp. It is possible that you may have a calculus of the kidney, and we suggest an x-ray examination at the hands of an expert. How do you know you did not pass a calculus at the time you had hematuria? There was a cause for the acute nephritis, and the exposure would hardly account for it. Examin your urin carefully at frequent intervals; keep the emunctories activ; drink copiously of good water; avoid dampness, and keep at your work. Tonics like gentian, nux vomica, and calisaya should do good. Perhaps some of the rest of the family will come in for their say. We will gladly hear from you again.—ED.]

When will everybody learn that communications not accompanied by the name and address of the writer (not necessarily for publication), do not receive any consideration whatever. Name and address *must* be given. We cannot do anything for people who have not sufficient confidence in us to reveal their identity. Some really meritorious communications and quizes come in this way, for example the one just received from "G. A. H.," who says he is "a faithful subscriber," but we cannot break our rule.

THE MEDICAL WORLD is still all this world to me.—F. F. MARKEY, Abrams, Wis.

Editor MEDICAL WORLD:—Kindly give help for following: Patient suffers severe itching from his ankles to knees every time he wets his legs or gets warm enuf to sweat. Health good, but a little nervous. Yours to win.

Youngstown, Ind. W. B. HUNT, M.D.

[Doctor, you would never venture a diagnosis on such meagre details as you give us in such few words. Give us concise details and we will gladly aid you to diagnosis. Meanwhile, see that his urin is normal and that the bowels are acting properly and that he bathes frequently and thoroly. Give him a saturated solution of hyposulphite of soda containing 10 minims of carbolic acid to the pint, with instructions to bathe the itching parts thrice daily and follow with any mild antiseptic powder. If you give details of case we will respond promptly. Our suggestions are but palliativ, yet you should cure the case. Diagnosis, and then therapy. We, and family, will always help a brother, but we must have facts upon which to base our opinion. Write us again.—ED.]

Editor MEDICAL WORLD:—Male, aged 35. In babyhood fell from nurse's arms. Result, a humpback; curvature of spine, a little lateral, mostly posterior; sternum and anterior ribs necessarily projecting. The time required for the subsidence of the changes incident to this disease occupied four or five years. Since that time, now nearly thirty years, he had had good health; no constitutional disturbance whatever. Appetite invariably good; fine assimilation; secretory functions normal; mental development above the average; a great reader; indulges in the higher criticism; no strumous heredity. So matters went on till last February, when he noticed a halt in his walk—a shuffling in his gait—which gradually increast to inability to walk, which eventually ended in a bed-ridden state. During the onset of this trouble he had no constitutional disturbance, such as thirst, rise of temperature or pulse. All was normal; even his appetite continued excellent. Now this paralysis of the lower extremities involved *complete* loss of motion, as well as of sensation, from the lumbar spine downwards. The line of demarkation in reference to sensation very markt, all above a line drawn in front from each anterior spinous process of the ileum normally sensativ, all below that line totally insensitiv. The same on the back. He has incontinence in urinating, altho no retention. He knows that at certain times during the day he should pass urin, and he has the urinal so placed to receive it, and it is passed, but he does not feel the sensation, and does not know when the act of micturition is ended, except by sight. The same in reference to the bowels. No tenderness anywhere over the vertebrae. This passiv condition continued probably two or three months, when he noticed at first a little twitching of the mus-

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cles of the extremities, gradually increasing till the twitching became a spasmodic action, so markt that one or both legs will spasmodically draw up, just as happens in the toxic effects of strychnin, always brought on by reflex touching or tapping of any part of the lower extremities. Still these spasms were present without the action of extraneous irritation. These spasmodic conditions are increasing in intensity. Still there is no voluntary motion or any sensation whatever. In this respect the man's condition is precisely as at the onset of the disease.

Great care has been used to prevent bedsores. Has an air-bed and all other necessary appliances. His appetite is first-class; enjoys his books and papers; amuses himself by reflection of hand-mirror in seeing passers-by; is mentally very bright. Sleeps well, and during his sleep has the same spasms, but possibly not so excessiv as to awaken him.

Now, can I ask your indulgence to explain to me what you suppose to be the pathological condition of the spinal cord? also your prognosis and treatment? Of course on the diagnosis depends the prognosis and treatment, if any line can be satisfactorily recommended.

As happens in these chronic cases, kind, officious friends give plenty of advice, and are apt to drag the poor invalid into the multiform treatment of quackery; so if you can, help the good cause along to prevent such.

CANADA.

[Your case is one of posterior sclerosis complicated by lateral sclerosis; in other words, you have a case of locomotor ataxia combined with primary spastic paraplegia. As the case progresses it will probably follow more closely one of the separate classifications. Naturally the prognosis is unfavorable, yet some cases develop slowly, remain stationary for a time, or even improve; the known pathology baffles all efforts toward absolute cure. The degenerativ processes have not been in progress for thirty years, but effect of the traumatism may have been an exciting cause. We believe at this time, were opportunity offered, that a necropsy would show the posterior columns of the cord firm and shrunken and their covering membranes opaque and adherent; microscopic examination would probably show increase in connectiv tissue and atrophy of the nerve fibers, and the posterior roots of their ganglia would reveal degenerativ alteration.

If the patient has the means, a prolonged sea voyage might benefit him; naturally he would require the services of a trained nurse or physician constantly, or better both. His diet should be abundant and nutritious, but easily assimilable. Small doses of iodid of potassium, mercury, and arsenic find the most favor. The following pill is recommended by Stevens:

Sodii arsenat.,
Zinc phosphid.....āā 2 grains
Hydrarg. iodid. rub.....1 grain

Misce, et ft. pil No. XXX. Sig.—One pill three times daily, after meals.

Electricity is soothing, but rarely produces pronounced effects. Warm bathing and massage, combined with the internal administration of the bromids, calabar bean and belladonna, should relieve the spasmodic action of the muscles.

Doctor, you have described the case well, and it will be an extremely interesting one to follow out. If you write us again detail fully any changes in the arms, pupils, or mental brilliancy that may occur. In many of them the intellect is unimpaired till late. Always glad to hear from our Canadian brethren.—ED.]

Editor MEDICAL WORLD:—I have under treatment three cases of tertiary syphilis that I am very anxious to cure if it is possible to do so, and as I have never devoted my attention to the treatment of syphilis, I think it best for my patients, and myself, too, for me to consult some one that is better posted on the treatment of syphilis than I am.

Cases Nos. 1 and 2 are young men of good families, and in the third year of the disease. Neither of them have any markt symptoms of syphilis, but they are not in good health. They have been taking the yellow iodid of mercury and potass. iodid treatment for two years or more, and I have them taking yellow iodid of mercury now, from ¼ to 1½ grs. daily.

Case No. 3 is a gentleman of fine family, good habits, and in good standing, but he has undoubtedly suffered from syphilis since 1892 without knowing that he had the disease until two or three months ago. He consulted me by letter concerning his health six months ago, stating that he was suffering from rheumatism in his legs from the knees down, and in his elbows and forearms. I put him on salicylate of soda, x to xxv grs. three times daily, combined with potass. iodid grs. x to xxx three times daily, which he took until two months ago, without any relief. Two months ago I put him on yellow iodid of mercury grs. ¼ three times daily, and have increast the dose gradually until he is now taking 1½ grs. daily, and there has been a markt improvement in his condition. He has no ulcers, eruption, enlarged glands or joints, but he still suffers with "rheumatism" in his left elbow and forearm. He had a small chancre in 1892 with slight enlargement of one or two glands, and has suffered more or less with indigestion and chronic dysentery. General health is good at this writing, appetite good, and sleeps well. Now I want to know if there is any better treatment than yellow iodid of mercury and potass. iodid for tertiary syphilis. To what extent

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should the above medicin be pusht? I mean in what doses should they be given, and how long continued. J. C. MATHEWS, M.D.
Georgia.

[There is no better treatment of syphilis than the various combinations of mercury and the iodids, but to derive their full benefit they must be pusht to the full physiological limit. Such treatment must be continued thru a period of at least three or four years, and then a period of supervision should ensue. We advise your purchase of one or more of the latest and best works on venereal disease, and their painstaking study. Note our reviewing columns in your files of THE WORLD.—ED.]

Editor MEDICAL WORLD:—What per cent of malarial cases are hemorrhagic?
Does hemophilia stand in a causativ relation to malarial hematuria?
Port Arthur, Tex. H. P. PORTER, M.D.

[No satisfactory data as regards percentage of malarial cases which develop hemorrhagic symptoms is obtainable because such manifestations vary with location, climatic conditions, and individual susceptibility to infection; and, moreover, the census of malaria has not yet been taken. Until the recognized authorities require malarial cases to be reported and have the details recorded, no definit conclusion can be reached, and we fear such a system is many years ahead.

We have not been able to find any authoritativ expression regarding the relation of hemophilia and malarial hematuria. Hemophilia being comparatively a rare condition, only manifesting itself when some wound has been sustained, we hardly think it would have any direct relation to malarial hematuria. Perhaps some of THE WORLD family may shed light on this query.—ED.]

Editor MEDICAL WORLD:—Would you kindly state briefly thru the columns of THE MEDICAL WORLD the best treatment for smallpox? Will calcium sulfid abort or mitigate the severity of the pustular stage?
Weaver, W. Va. JOHN C. FURLONG, M.D.

[There is no treatment for smallpox beyond that which meets the symptoms as they arise. We may mitigate the suffering in the early stages by the coal-tar antipyretics; the emunctories should be kept activ; the room must be kept dark and well ventilated; pitting may be prevented to a certain degree by wet dressings of any mild antiseptic; diet should be limited to easily digestible fluids; the entire body should be anointed with carbolized vaseline thru the period of desquamation; and outside such routine treatment nothing can be suggested. Calcium sulfid has, as yet, no claim for recognition in any stage of this disease, yet we see no contraindication for its use and suggest a further trial of it in all cases. THE WORLD columns are ready for promulgation of any discovery you or others may make, and we solicit the record of your *experience*. Don't study smallpox at long range and write a "hash-up" article for the family. Get into it, or stay out of it; broth is good in convalescent stages, but the members of the family have been vaccinated, and are now howling for meat, and rare done at that, for they have been satiated with "Cuban itch." Until the pathologists tell us just what smallpox is, we must treat it empirically. Your chance for fame is quite as good as any.—ED.]

Editor MEDICAL WORLD:—Would be pleased if you will publish the formula for Kline's Nerve Invigorator. W. H. BALDWIN, M.D.
Quincy, Mich.

KLINE'S NERVE RESTORER.

Dr. R. H. Kline's Great Nerve Restorer is made from the following formula, which is well known as introduced by a celebrated European M.D.:

℞

Bromid of ammonia	3 dr.
Bromid of potassium	3 dr.
Bicarb. of potassium	80 gr.
Tinct. columbo	6 fl. dr.
Water	6 fl. oz.

Mix.—Dose: Teaspoonful thrice daily in water. DR. WADE.

Editor MEDICAL WORLD:—Please give formula for "Coke's Dandruff Cure," and oblige a subscriber. S.
Tenn.

[There has not been any satisfactory formula publisht for this preparation. We have experimented extensivly with it, and have endeavored to analyze it, but were unsuccessful. We succeeded in producing a fluid somewhat resembling it, but it lackt the characteristic odor of their preparation, and cost much more than the figure at which the jobbing druggists sell the original.—ED.]

Remember that pain of appendicitis isn't always confined to the right iliac fossa. The appendix may be abnormally long, and occupy a transverse position in the pelvis.

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[*In order to accommodate as many as possible of the queries arriving late, we had them set in smaller type.—Ed.*]

Editor MEDICAL WORLD:—Will you or some of the WORLD family give me some advice in the following case? In the family of one of my patrons an infant two or three weeks old broke out over the entire surface of its body, limbs and scalp with eczema. During my absence two other physicians treated it, forbidding the use of water and soap, and applying ointments and lotions in liberal quantities, with no improvement in its condition whatever. On my return nearly three months later I was askt to take charge of the case. When I first saw it, it was covered from head to feet with scabs, scales and dirt. My first step was to give it a thoro bath with warm water made pretty strong with P. D. & Co.'s germicidal soap. Then I put it upon the following prescription:

℞

Calcium sulfid	grs. iv
Pulv. accacia	3ss
Saccharin	gr. j
Fl. ext. cinnamon	℥x
Water	q. s. ℥ij

M. Sig.—Teaspoonful every two or three hours.

Externally:

℞

Soft new tar	3ss
Oxid of zinc	3ss
Yellow oxid of mercury	grs. v
Vaselin	℥j

M. Sig.—Apply two or three times daily.

I have been using this only a short time, but as I am not expecting much good from it, would like to have advice by the time I see my treatment is a failure.

Martin, Ga. T. H. LYON.

[Cleanliness is *sometimes* essential to a cure of infantil eczema, and your case may have been filthy enuf to demand it; but the rule is to use as little water as possible. Dirt and crusts are removed by sponging with warmed glycerin and soft cloth or sponge, with as little friction as possible. Remove immediately all possible source of external irritation from clothing, and if necessary make a gown of smooth cotton stuff that will incase body from toes to chin, and allow other clothing outside. Naturally they must be changed as often as wet, and it will take as many gowns as diapers; but the diaper must be put on outside the gown. See that the mother has every napkin washt after it has been wet in any degree with the urin (many mothers wash diapers only when soiled by feces, merely "drying out" those wet with urin). Your tar, zinc and mercury were therapeutically correct; but, applied to squirming, "puling" (Shakespeare), infant, and blended with urin and feces, we hesitate to think of "what a mess." There are many less nasty things than tar, and it is possible the mercury might be dispenst with. Regulate the diet and emunctories of the mother, and pay particular attention to the examination of her urin to exclude the uric acid diathesis. Do not allow the babe to be kept in constant perspiration (which will macerate the tender epidermis) by too much clothing or coverings in crib or bed. If the family have means, have the milk on which the infant feeds tested by an expert. See that the infant's bowels, kidneys and skin are acting normally, by *personal examination*. If the urin stains the clothing red or brownish-red, bicarbonate of sodium is indicated, and lime water should be given with every feeding. You must decide just how often you can allow the bath; remember on one hand, too frequent use of water is fatal to hope of cure, and accumulated filth, on the other hand, is likewise dangerous. Before bathing the infant, impregnate the water by suspending a bag of bran under the surface and compressing it frequently till the water is decidedly milky. This has a very soothing effect on eczema, and this is improved by the addition of a little bicarbonate of soda. Where the entire trunk is involved, it may be better to bathe the body in sections. After the bath, dry gently to the bottom of every fold of skin, and powder with impalpable zinc sterate powder, and do not apply treatment for an hour, in order that the irritation incident to the bath may subside. If the stearate of zinc cause crying from pain, it will be necessary to use some such milder powder as talcum, tho talcum, wet, is but "mud," and irritating mud at that.

We have tried to show you that you must get *control* of the infant's environment, including feeding, before you can hope to begin to cure it. This once secured, your late modern text-books will outline your policy. We only suggest in addition: After you have regulated all these things to your satisfaction, follow the following suggestions for a few weeks and report results: First try covering body and each limb separately with oxid of zinc ointment protected by oiled paper held in place by bandages. If this fails, incorporate 5 to 6 grains salicylic acid to the ointment. The face is best treated by applying the ointment under a chamois skin mask fastened to the head by strings. Eye, nose, and mouth holes are cut, and the mask is washt when filthy. At least two masks are necessary. Outside the zinc ointment, it is better to taboo grease so far as possible; vaselin, for instance, is a direct poison to many cases of eczema. Every fatty base used should be benzoinated. Should this line of treatment fail, try lotions embodying zinc, calamin, carbolic acid and glycerin. Do not give arsenic internally. Do not treat the case by drastic measures, as if a chronic one. We have tried to suggest, rather than to *define* a course of treatment. We deem the case of enuf importance to justify the space consumed, and we hope all who have cases of eczema will read this and defer writing till these suggestions have been followed.—ED.]

Editor MEDICAL WORLD:—A lady, 26 years of age, weight 115 pounds, 5 feet 3 inches tall, married, has never been pregnant nor used any preventiv. Family history good. Began menstruating at age of 13; was regular for about one year; then became very irregular, going as long as three or four months without menstruating. Continued so until 17, when she began to suffer when menses would appear. At the age of 20, suffering became so intense that medical aid was called. Nothing less than ⅓ gr. morphin hypodermically would relieve her. Sometimes this would have to be repeated two or three times. She says she has been compelled to call a physician when her monthly periods would appear ever since, with the exception of a very few times. Since she first called a doctor she has been under treatment by first one and then another all the time. Has succeeded in getting the periods regulated, coming on every twenty-six days, and continuing two or three days, but rather scant. She was raised on a farm, and was accustomed to an activ open air life. Was sent to high school when 13; after graduating there, was sent to college where she spent one year. Health became so bad she had to give up school and come home. On digital examination I could not discover any flexion, dislocation or deformity. Genital organs well developt. Has no anemia, good appetite, bowels regular, sleeps well. Her husband informs me that she seldom enjoys sexual intercourse, and when she does it causes such pain that the embrace has to be suspended at times. Now will the Editor and family please help me with this case? I have been practising only three years; never had very many such diseases to treat. Have had this case under treatment only a short time, and am very anxious to effect

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a cure if possible. Have been a subscriber to THE WORLD for two and one-half years and find it a great help.
MISSOURI.

[You probably have a case of endometritis. Make a careful visual examination of the os uteri thru a speculum. Pass a probe, under aseptic precautions, to the fundus; you will thus ascertain the size of the cavity of the uterus, and may discover some degree of flexion not otherwise noticeable. The uterin and vaginal secretions should also be inspected during the examination. She might improve wonderfully after a thoro curetting. The painful coitus will probably be cured by a course of depletion with boro-glyceride suppositories and copious hot water injections. If there be abrasions or ulceration about the os uteri, you will need to treat that by the methods outlined in gynecological works. Have the husband indulge in coitus as rarely as possible during the treatment. Do not hesitate to make your examination complete, and persistent treatment will doubtless bring results.—ED.]

Editor MEDICAL WORLD:—Mr. A., bookkeeper in a large grocery house, a married man, 30 years of age, weight about 165. In perfect health, other than eczema of the dorsum of the foot, most notable on sides and about ankle. Says he never had any private disease. About four years ago, while riding a bicycle, started a small abrasion in region of external malleolus. The patient tells me he has been treated by several physicians who were unable to cure him. He has only been in my hands a few weeks. This disease heals up in cold weather, but in warm weather he suffers severely from itching. I noticed in this man's face several moles. I believe the old writers said these incline toward cancer. Will the Editor please give treatment of this case? M. J. C.
Ohio.

[It will be necessary to remove all possible source of irritation from stocking or shoe. A cotton or linen stocking may be worn next the skin and a heavier one outside. It may be necessary to use a felt shoe for a time. Arsenic and iron are probably called for internally. Locally try the following lotion:

Carbolic acid	10 drops
Oxid of zinc	3 drams
Calamin	3 drams
Resorcin	20 grains
Glycerin	3 drams
Lime water enuf to make	4 ounces

Shake well and apply frequently, allowing to dry on before replacing stocking. Oxid of zinc ointment worn constantly will often cure. Oil of cade is a good application. Tar ointments often do well in these chronic cases. Keep the bowels free by salines.

Unless a mole becomes irritated it is not any more apt to become cancerous than any other portion of the skin. Irritation may cause any such blemish to become epitheliomatous. Remove the moles by lightly touching with glacial acetic acid twice daily till they begin to feel tender; then suspend application until tenderness disappears, and then resume the applications; in a short time the mole will be gone and no appreciable scar remain.—ED.]

Don't send a tubercular subject to a health resort to die. Make your diagnosis in its incipiency, and insist upon climatic change.

Editor MEDICAL WORLD:—Is it customary and necessary to apply weight to broken leg when a plaster-of-paris dressing has been used? C. W. MUSGROVE.
Trevorton, Pa.

[That depends altogether on the patient and the site of the fracture. Plaster dressings of the old immovable style are passing out of date. It is generally best to apply extension for all fractures of the femur, yet many depend solely on the plaster. The plaster dressing, in itself, would have no bearing on the case as regards extension, since the weight would act independently of the plaster cast. We advise extension in every case when it can be applied and sustained.—ED.]

Editor MEDICAL WORLD:—Will some of THE WORLD family give me treatment for muscae volitantes? Patient, male; age 26, lawyer. No trace of syphilis, consumption, or any other malady. Health good; has never had any sickness except an attack of malaria several years ago. The trouble is annoying him very much and I find in my text-books nothing to relieve. W. W. T.
Georgia.

[We assume that you have carefully diagnosed your case by excluding any actual opacity which can be seen with the opthalmoscope. The floating cells of muscae volitantes are not visible thru the ophthalmoscope, but are seen by the patient as small black specks floating before the eyes. They are accelerated in motion by use of the eyes, and are particularly activ when the patient tries to read. Their etiology and pathology are not completely known. Certain persons affected become worse if the digestiv organs become deranged, and they are often an accompaniment of myopia. The treatment consists in getting the system in the best possible condition by frequent bathing, activ outdoor exercise, judicious food, and the maintenance of all the emunctories to a standard of good health. Correct any error of refraction, and place the patient on such tonics as strychnin. Nothing more can be done. Make sure that you obtain the services of an experienced and capable opthalmologist.—ED.]

Editor MEDICAL WORLD:—Will you please place the following question before the family? A few words from yourself would be appreciated. Is it possible to cure a victim of morphinism who uses thirty grains in twenty-four hours? And what is the treatment? DR. R. H.
Michigan.

[It is possible to cure nearly every case of morphin addiction, even if larger amounts than you name be taken. It is necessary that the patient be placed in an environment where he will not only be prevented from having access to the drug while undergoing treatment, but will also have the advantage of good moral support and encouragement. Any physician who can provide such a home for his patients can cure the morphin habit. It is best to withdraw the drug gradually until the will power of the patient begins to assert itself, when tonics are employed until the patient feels himself able to resist the drug. There is no drug which you can give a patient that will destroy his craving for morphin, alone and unaided. It is necessary to treat every individual case just as you must treat every other disease. The details are too voluminous for our space and we can not do bet-

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ter than advise that you purchase Dr. Crothers' book on Morphinism and Narcomania from other drugs, publisht by W. B. Saunders & Co., of Philadelphia, Pa., at $2.00 net.—ED.]

Ed tor MEDICAL WORLD:—Mrs. L. E. M., aged 54 years, menstruated at the age of 15 years. Married at 17 years. Menopause at 42 years. The menstrual periods were always normal. She has borne twelve children and aborted with the thirteenth pregnancy. The present trouble began six months ago with a burning sensation under the short ribs of the left side. This sensation shifts to the same point on the opposit side. There is slight dyspnea and heart fluttering. The bowels were constipated in the beginning of this trouble, but perform their functions normally now. Kidney and other secernants normal. Food taken into the stomach occasions pain and uneasiness. Sleep is disturbed. The use of liquid food, as milk, broths, etc., instead of solid food gives no better results. This lady is rather low in stature and is somewhat corpulent. Applying to a physician she was treated with calomel to ptyalism. No benefit received. Applying to another was treated for indigestion, tho I know not how. Coming to me at last she was treated by the usual method with pepsin, hydrochloric acid, and sub-nitrate of bismuth and bowels kept open with laxativs. After three weeks' treatment she says there is no relief, tho her husband says she is decidedly improved. I respectfully ask for counsel of the Editor or any of THE WORLD family, of which I am a member. To me the diagnosis is obscure. Would be obliged for help on this point. A. S. DAVIDSON, M.D.
Selfville, Ala.

[Naturally one would think of indigestion first, and your treatment is along the correct line. We would examin carefully in the region of the liver, stomach and bowels to see if there is any tenderness or dulness which might indicate a tumor of any of these organs. Use only such laxativs as will not irritate the bowel; that is, select laxativs rather than purgativs. Give just enuf each night to secure one soft stool each day. Have her drink an abundance of water. Exclude the starches from her diet as nearly as possible. Try adding lime water to her milk when keeping her on liquid diet. Limit coffee and tea. Try pancreatin as a digestant. If there is eructation of gas, or if percussion shows its presence in stomach or bowel, give a tablespoonful of chloroform water every fifteen minutes till three or four doses are taken; this measure alone may relieve the burning pain. Infusion of cloves, or one drop doses of fluid extract of capsicum, in water, are also good carminativs. Strychnin is indicated. Probably there is a nervous element in the case you have not fully appreciated; many such cases are cured by attention to the nervous system alone. You have, of course, a case of gastro-intestinal indigestion; but it may be caused by or complicated with some organic lesion of the viscera. We suggest half dram doses of fluid extract valerian combined with fifteen grain doses of bromid of sodium or of strontium, in water, night and morning, in addition to the medication directed toward the stomach and bowels. Since the alkalies have not been tried and the acids have failed, try sodium bicarbonate in generous dosage. If you continue the acid, use freshly prepared nitro-hydrochloric acid preferably. Make up but a few drams at a time, and make it yourself. Properly prepared, it is reddish in color. That usually dispenst from the pharmacies is almost inert. Four to six drops of the strong acid is given in a glass of water at meal time. If you try this method of using acid once, you will not return to the old ready mixt dilute acids.—ED.]

Editor MEDICAL WORLD:—Mrs. A., aged 72, in 1895 had operation (Whitehead's) for hemorrhoids. Since, at irregular periods, has suffered from prolapse of mucous membrane and hemorrhage from lower bowel. In April, 1900, the thermo cautery was applied to mucous membrane in several places, hoping the resulting contraction would prevent prolapse, but this failed of its object. Since that time the hemorrhages have increast in frequency and severity, as much as eight ounces having been lost at one time, but usually smaller amounts. On examination I find the mucous membrane loose, very much thickened and congested. Appetite good, sleeps well, markt anemia. Patient came to me for treatment about four weeks ago. Am using tonics and the following locally:

℞
Fl. ext. hamamelis.....3ij
Water.....q. s. 3j
M. Sig.—Use as enema t. i. d.

Some improvement. Patient objects to operation. Will be thankful for helpful suggestions. G. H. D.
Vermont.

[Doctor, you should have told us whether or not the hemorrhoidal vessels are engorged, and what their exact condition is. Have you carefully excluded ulceration and fissure? Your treatment, as a routine measure, is correct; but we suggest using the hamamelis in much stronger solutions, or even frequently inserting pledgets of cotton or wool (to which a string has been attacht to admit of patient removing them herself) saturated with the pure full strength witch-hazel. We would also administer adrenalin, hydrastin, and ergot internally during the attacks of hemorrhage, and confine the patient to bed with the foot of the bed raised six inches from the floor by blocks under the lower posts. When the rectum protrudes, we would have it bathed for ten minutes, every hour, with ice water, until it can be replaced. Smoothly finisht ice suppositories often act well and may be more convenient for you, if more troublesome for the patient; they are made of large size and inserted at intervals of a few moments, till a number have been used. Suppositories incorporating tannic acid and witch-hazel made up with a base of anhydrous wool fat and beeswax would be valuable in such a case (the anhydrous wool fat takes up the water in the witch-hazel). Keep the stool soft by laxativs which do not congest the lower bowel. Do not urge another operation upon her. Keep up your tonic regime and add, if not already included, some ferruginous preparation.—ED.]

Editor MEDICAL WORLD:—Referring to your comment on page 482, November WORLD, on the development of the bust, will you kindly give your objections in extenso to the "vacuum method" and oblige "one of the family?"
Springfield, Mass. WM ROBINSON, M.D.

[The vaccum treatment is irrational in that it induces an artificial hyperemia in tissues which do not require an influx of blood. It is possible that such irritation frequently repeated might be harmful. We have no other reason for opposing the treatment. Note what Dr. Waugh says on page 481 of November WORLD.—ED.]

Editor MEDICAL WORLD:—Male, white, age 25, came to me September 9, 1902, for enteritis. Diarrhea responded to treatment in two or three days, but was followed by migratory edema, or swellings in various parts of the body as follows: Swelling would begin sometimes in bottom of one foot, sometimes ankle, and extend half way up to knee. It would subside here in a day or two, but while subsiding here would appear in front of elbow on opposit side of body, sometimes extending up and sometimes down the arm, running about the same course as in the foot. Subsiding in

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arm, it would then appear in foot, running about same course, then over triceps muscle of arm, over anterior portion of chest, side of neck, one eye, then the other eye, entirely closing them, under chin, top of head, upper lip, etc. After subsiding for a few days it would appear again and go a similar round of the body, which it is now doing, but never appearing in same location on opposit sides of body at same time. No inflammation and no pain present; temperature usually subnormal; 97° to 98½°; pulse 56 to 70, usually about 62 and strong. Has had three severe attacks of enteralgia during first four weeks of trouble. Patient not necessarily confined to bed. He has seemingly recovered twice, but a little outdoor exercise seems to excite a relapse. Quantity urin passed is normal. Specific gr. varies from 1,016 to 1,022, and no albumin nor sugar found upon repeated examinations. No tuberculosis in family, and no history of syphilis. D. H. SWAN, M.D.
Francisco, Ind.

[Your case is a puzzling one. We do not know what it is. We suggest exclusion of the rheumatic acid diathesis. Perhaps some astute member of the family may wish to comment.—ED.]

How do you like our new title design? A change of face is desirable only when it is for the better. Artists consider this a stronger face than the old. Next month we will begin the year with a new dress of type for reading matter.

Washington State Medical Examining Board.*—Examination, Tacoma, January 7 and 8, 1902.

ANATOMY.

By J. P. Turney, M.D., Davenport.

1. What constitutes an articulation?
2. In what anatomical features do veins differ from arteries?
3. Describe the scapula and enumerate: First, muscles having their origin from; second, muscles having insertion thereto.
4. A fracture occurring at the juncture of the lower third with the upper two thirds of the radius, what muscles would cause displacement? Name muscles causing displacement of each fragment, giving origin and insertion of each.
5. Enumerate branches of abdominal aorta, giving also the celiac axis, together with distribution and anastomosis of its branches.
6. What artery forms the principal part of the superficial Palmer arch, and by anastomosis with what artery is the arch completed?
7. Give boundaries and coverings of superior carotid triangle. State in what portion of the triangle the common carotid artery bifurcates, and name branches given off the external carotid artery within this space.
8. What difference exists in the peritoneum in the male and female? If any, state wherein they differ and enumerate the ligaments formed by its folds.
9. Enumerate from without inwards the coverings of the brain, giving also the arrangement of the grey and white matter of the brain and cord; and name in regular order from before backwards the cranial nerves.
10. What muscles are supplied by the following named cranial nerves: (*a*) third, (*b*) fourth, (*c*) sixth?

HISTOLOGY.

By J. H. Duncan, Centralia.

1. Enumerate the different epithelia, giving a locality or organ in which each form predominates.
2. Where is unstriped muscular tissue found?
3. Describe a Pacinian corpuscle.
4. Give the histological difference between the wall of an artery and the wall of a vein.
5. Describe the microscopical appearance of a cross section of a nerve fibre.

CHEMISTRY.

By J. H. Hoxsey, M.D., Spangle.

1. Define matter, force, energy, and name the three states of aggregation of matter.
2. Define gravitation, distillation, and sublimation.
3. State the difference between mechanical and chemical divisability.
4. What is chemical affinity and how does it differ from other forces?
5. Suppose a certain volume of H to weigh twenty grains. How much will an equal volume of O weigh, provided pressure and temperature be the same?
6. Define an acid, and state the general proportions of basic and neutral substances.
7. What points are to be considered and substances to be determined in the examination of normal and abnormal urin?
8. Describe the test by which albumin may be recognized, and state the precautions necessary in making these tests.
9. Give two tests for sugar.
10. What are urinary calculi generally composed of, and by what simple test can their nature be determined?

MATERIA MEDICA.

By Frantz H. Coe, Seattle.

Numerals following questions indicate marking value.

I.

Carbolic Acid—

1. Local action, (*a*) skin, (*b*) germicidal and per cent strength of solutions.
2. Absorption and elimination.
3. Toxicology, (*a*) nervous system, (*b*) circulation, (*c*) respiration, (*d*) temperature, (*e*) post-mortem appearances, (*f*) antidotes.
4. Therapeutics.—20.

II.

Antipyrin—

1. Toxicology, (*a*) rate of absorption, (*b*) subjectiv symptoms, (*c*) objectiv symptoms, (*d*) idiosyncrasies. Therapeutic uses. (1) method of administration, (2) uses, (3) doses, (4) contra-indications.

Acetanilid (synonym). Toxicology, (*a*) subjectiv symptoms, (*b*) objectiv symptoms; therapeutic uses.—20.

III.

Chloral Hydrate—

1. Physiological action, (*a*) circulation, (*b*) respiration, (*c*) temperature, (*d*) cerebrum.
2. Therapeutics, doses.
3. Contra-indications.

Sulfonal.—Therapeutic use and characteristic action, dose, toxicology.—20.

IV.

Therapeutic uses, dose, characteristic action, toxicology of the following drugs: Digitalin, cascara, fl. ext.; podophyllin, ol. tiglii, elaterium.—20.

V.

Describe the therapeutics of the following: Salts of potassium under heads: (*a*) Therapeutic uses, (*b*) doses, (*c*) methods of administration.

(1) Liq. potassae, (2) potassium citrate, (3) potassium acetate, (4) potassium bitartrate.—20.

HOMEOPATHIC MATERIA MEDICA.

By Dr. C. E. Grove, Spokane.

1. Give indications for nux vom., dioscorea and arsenicum albus in appendicitis.
2. Give the characteristic indications for the use of kali bich. and pulsatilla in bronchial catarrh.
3. Give physiological action of aurum met. Also therapeutic indications for the remedy.
4. Give four chief remedies in typhoid fever, and indications for each.
5. Differentiate between lachesis merc. vivus and bell. in tonsilitis.

ECLECTIC MATERIA MEDICA.

By J. H. Hoxsey, M.D., Spangle.

1. Give five different methods of the administration of drugs.
2. Define the terms antiphlogistics and antiperiodics, illustrating each group.
3. Name the chief preparations of iron, their doses, and tell what drugs are incompatible with iron.
4. What uses are made of permanganate of potassium?
5. Describe the physiological action and therapeutical uses of cinchona.
6. What are the chief preparations, doses, physiological actions and therapeutic uses of digitalis?
7. What is guaiacol? Give dose and uses.
8. Give source, dose and uses of aspirin.
9. Describe the physiological action upon the different parts of the organization of belladonna.
10. What is glycerin; how is it obtained, and what are its properties?

PHYSIOLOGY.

By W. Grant Tucker, M.D., Port Townsend.

1. (*a*) Locate and describe the valves of the heart. (*b*) What is meant by the cardiac cycle? (*c*) Define systole and diastole and state how the first and second heart sounds coincide with the same. (*d*) Explain the cause of the first sound of the heart and discuss the cause of the

*Recently used examination questions of different states have been publisht as follows: Va. and Wis. in Feb. WORLD, 1902; N. J. and Mass. in March WORLD; N. Y., Ill. and Cal. in April WORLD; Mich., Tenn. and Penna. in June WORLD; Wis. and Ore. in July WORLD; Ill., N. Y. and R. I. in Aug. WORLD; Penna. and Minn. in Sept. WORLD; Mass. and N. C. in Oct. WORLD; Vt. and N. Y. in Nov. WORLD. Back numbers can still be supplied, except July. Ten cents each.

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second. (*c*) Give average pulse rate for adults, children at five years and infants at birth.
2. Classify the component parts of foods according to their nutritive value and explain the action of the different enzymes on each.
3. (*a*) What is a neuron? An axon? A dendrite? (*b*) What constitutes a simple reflex act? (*c*) What conditions of the nervous system would tend to favor an exaggerated knee-jerk, and the reverse? (*d*) Give the nervous mechanism of respiration.
4. (*a*) What is the average number of red blood corpuscles to the cubic m. m. in the adult? What are the variations in health? (*b*) What is the relative number of red and white corpuscles, and what conditions tend to disturb the ratio?
5. Discuss the effect of the electric current from a constant current battery on muscles.

THEORY AND PRACTISE OF MEDICIN.

By P. B. Swearingen, M.D., Tacoma.

1. Name the topographic lines of the thorax; outline and locate the heart's area of absolute dulness and the upper border of the normal liver.
2. Give differential diagnosis between croupous and bronchopneumonia; give their pathology; also state under what conditions the following sounds are heard and the cause of each, viz.: Vesicular murmur, subcrepitant rale, bronchial respiratory murmur and a friction respiratory sound.
3. Give the differential diagnosis between variola and varicella; also scarlatina and rotheln.
4. Differentiate between diphtheria and follicular tonsillitis; state the amount of an immunizing and a curativ dose of antitoxin. Describe your method of fumigation, etc., after the patient's recovery.
5. Describe the usual courre of parenchymatous nephritis, also interstitial nephritis. In what class of patients is the latter most frequently observed? How would you differentiate one from the other?
6. Give a reliable chemical test for detecting the following substances in the urin, and state of what diseases their presence are indicativ, viz.: Albumin, glycogen, chyle and indican.
7. How would you differentiate between ulcer and a carcinoma of the stomach?
8. Define leukemia; name the types of same.

SURGERY.

By Dr. C. E. Grove, Spokane.

1. Diagnose a luxation at shoulder joint. Give treatment.
2. Describe a compound fracture of the humerus, and give treatment.
3. Give rules indicating when each of the following is the preferable anesthetic: (1) Chloroform, (2) ether, (3) medullary narcosis.
4. Differentiate between concussion and compression of the brain.
5. Describe intravenous injection and hypodermoclysis, and give indications for each.
6. Describe in detail an amputation of the thigh.
7. Give etiology and treatment of acute osteomyelitis.
8. Give differential diagnosis in appendicitis.
9. Give your treatment for a burn of the first, second and third degree respectivly.
10. Differentiate between soft and hard chancres.

PEDIATRICS.

By J. P. Turney, M.D., Davenport.

1. What effect, if any, does dentition have on the health of a child?
2. Aside from bile, what causes the green color of the stools of children?
3. What is atrophic paralysis of children? Give definition, causes, pathological anatomy and suggest treatment.
4. Differentiate between catarrhal enteritis and membranous enteritis. Give prognosis of each.
5. Enumerate the different forms of stomatitis and suggest treatment of each.
6. Differentiate between typhlitis and appendicitis, giving causes, relativ frequency, pathological anatomy and prognosis of former.
7. Enumerate the different forms of pneumonia and give differential diagnosis and suggest treatment in a child two years old.
8. Differentiate between favus and eczema of the scalp. Give etiology and treatment.

DISEASES OF THE EYE AND EAR.

By W. Grant Tucker, M.D., Port Townsend.

1. (*a*) What is meant by accommodating for distances in optics? (*b*) The eye, being at rest, for what distance is the vision accommodated? (*c*) How is the act of accommodation accomplisht, and how does it compare with the adjustment for distance in the microscope and field glass?
2. Give etiology, diagnosis and treatment of acute glaucoma.
3. Discuss ophthalmia neonatorum.
4. Mention the manifestations of constitutional syphilis in (*a*) the eye, (*b*) the ear, (*c*) the nose, (*d*) the throat.
5. Give indications for enucleation of an eye and detailed description of the operation.
6. Give etiology, symptoms and diagnosis of mastoiditis. Describe an operation for relief of the same.

OBSTETRICS.

By Dr. W. Cox, Everett.

1. What is the conjugate and transverse diameter of the inlet and outlet of the pelvis? Give anatomical points of measurements of same.
2. Give classification symptoms and treatment of extrauterin pregnancy.
3. Give causes, symptoms and treatment of post-partum hemorrhage.
4. Give clinical history, prevention and treatment of puerperal eclampsia.
5. Give indications for and method of podalic version.
6. Give prognosis and treatment of prolapse of the cord.
7. When should the forceps be applied and what preliminaries are necessary in their application?
8. What is phlegmasia alba dolens, and what are the symptoms, results and treatment?
9. What is the cause of rupture of the uterus, and under what circumstances does it occur?
10. What is the cause of premature detachment of the placenta? What are its symptoms and treatment?

DISEASES OF WOMEN.

By J. H. Duncan, M.D., Centralia.

1. Give causes, symptoms, differential diagnosis, prognosis and treatment of inflammatory dysmenorrhea.
2. Define menorrhagia, and give causes, effect, diagnosis and treatment.
3. Give the signs and symptoms of cancer of the uterus.
4. Give fully the differential symptoms and signs in pyosalpinx, fibroid tumor of the uterus, and small ovarian cyst.
5. Give the indications for curetting the uterus, and describe the correct method.
6. Give differential diagnosis, causes and treatment of abscess of the vulvo-vaginal glands.
7. (*a*) Give the treatment for gonorrheal vaginitis. (*b*) Give the complications that may result from gonorrheal vaginitis and symptoms and signs of each.
8. Give symptoms, complications, causes, diagnosis, prognosis and treatment of laceration of the cervix.
9. Describe the operation for repair of the perineum.
10. Give causes and treatment of pruritus vulvae.

NERVOUS DISEASES.

By Dr. W. C. Cox, Everett.

1. Give cause of paraplegia.
2. Give clinical history, pathology and diagnosis of paralysis agitans.
3. Give differential diagnosis between epilepsy, cerebral congestion, apoplexy, and uremia.
4. Give etiology, symptoms, pathology and diagnosis of acute cerebro-spinal meningitis.
5. Give clinical history, pathology and diagnosis of acute myelitis.
6. Give differential diagnosis between multiple neuritis, anterior-poliomyelitis and locomotor ataxia.
7. What are the causes, symptoms, diagnosis and prognosis of chorea?
8. Explain fully the connection between the sympathetic nervous system and the cerebro-spinal. Also give in a general way the function of the sympathetic nervous system.
9. Define the following terms: Peti-mal, grand-mal, gliosis, spina bifida, dysesthesia and Argyll-Robertson pupil.
10. Give the anatomy of the spinal cord as found in a cross section at the level of the third cervical vertebra.

PREVENTIV MEDICIN.

By F. H. Coe, M.D., Seattle.

The numerals following each question indicate the marking value.

1. What is your understanding of the term "preventiv medicin?"—5.
2. What is the origin of malaria and its prevention in full?—10.
3. Write explicitly upon the prevention of tuberculosis.—30.
4. Write physicians' orders in detail for preventing spread of following diseases: Typhoid fever (5), scarlet fever (5), diphtheria (10), smallpox (10), bubonic plague (5).—35.
5. As Health Officer, write orders in detail for disinfection of privy vaults (5), cesspools 5). How to practically demonstrate the probable connection between these sources of infection and neighboring water supply? (10).—20.

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MEDICAL JURISPRUDENCE.

By P. B. Swearingen, M.D., Tacoma.

1. Explain the difference in testimony required of an ordinary witness and that of a medical expert?
2. Name the different varieties of poison. If requested by the coroner to analyze the contents of a stomach, upon what grounds have you a legal right to refuse to do so?
3. What do you understand by a dying declaration, and how would you obtain one to be of value in a criminal proceeding?
4. What is the difference between rigor mortis and cadaveric rigidity? Give the cause of each.
5. Name the points of differentiation between an ante-mortem and a post-mortem incised wound.

Recent Books.

Simon's Clinical Diagnosis. A manual of clinical diagnosis by means of microscopical and chemical methods for students, hospital physicians and practicians. By Charles E. Simon, M.D., author of Simon's Physiological Chemistry, etc. New (4th) edition, thoroly revised and enlarged. In one handsome octavo volume of 608 pages, illustrated with 189 engravings and 19 plates in colors. Cloth, $3.75, net. Lea Brothers & Co., Philadelphia and New York, 1902.

This is an elegant and practical work. Special space and attention is given to those refinements of methods of diagnosis which are oftenest neglected by the practician. He urges yet further use of clinical chemistry and microscopy. He supplies abundant references to literature on the subjects upon which he treats. The plates are superb works of art, but some of the cuts are superfluous—any practician or student need hardly have cover glass forceps illustrated. Every page reveals the touch of a skilled observer of symptoms and an expert experience gained from long familiarity with laboratory methods. The older methods are not neglected, but every new aid is thoroly discust. It may be commended for conciseness, thoroness and simplicity. It is admirably adapted for the use of the general practician, yet the chemist and microscopist will also find it of value. We believe it to be one of the best hand-books for the undergraduate who wishes to become thoroly grounded in the principles of clinical diagnosis. —A. L. R.

Disinfection and Disinfectants. A practical guide for sanitarians, health and quarantine officers. By M. J. Rosenau, M.D., Director of the Hygienic Laboratory and Past Assistant Surgeon U. S. Public Health and Marine-Hospital Service. Illustrated. Publisht by P. Blakiston's Son & Co., Philadelphia, Pa. Price, $2.00.

Contains 345 pages of matter invaluable to every physician and is completed by a perfectly working index. No extreme views are taken or questioned theories discust. He tells all that is now known of every disease which may be influenced by disinfectants. The various mosquitos have full consideration and the article is well illustrated. Entertaining information is given upon the methods employed for disinfection on a large scale. Minute details are given in relation to every disease and the best method of combating it. Its low price places it within the reach of all. When it is needed quickly it will be needed badly.—A. L. R.

Our Monthly Talk.

See last month's Talk for an account of two doctor candidates for governor, one in Rhode Island and the other in California. I am pleased to be able to announce that they have both been elected. Thus the Atlantic and the Pacific bow obeisance to our profession. A doctor's life and work are close to the people; hence doctors should understand the people. Yet, rational study of the *public* needs of the people is just as necessary for political duties as the study of anatomy, materia medica, etc., is necessary for the practise of medicin. The needs of the body politic require study, just as well as the needs of the body individual. It is not enuf to be "a good fellow," and in this way get votes. Society is a complex organism; social and political movements are governed by immutable law, just as the complex organism of the human body is governed by physiological law. Doctors who practise politics should be students of the science of government just as doctors who practise medicin should study the science of medicin. However, this does not mean only doctors who run for office. It means every doctor, because he is a citizen; also every citizen, whether he is a doctor or not. We boast of self-government; then we should all study the question, and learn how best to do it. What book have you read during the past year on sociology, economics, government or politics? Please write reply for this department, and tell us about any book or books along this line that you have recently read, and also tell us the most helpful and enlightening book along this line that you have ever read, and why you would recommend it to others. Such letters will be interesting and helpful.

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Christmas, or during the holiday week, is the time in the year in many sections of the country when it is customary to "square up accounts," so the new year can be started right. In other sections it is better to collect before the family purse is depleted by Christmas purchases. In either case, don't fail to be "in it." See that your claim is not neglected. Then see that all *your* accounts (if you have any, for "pay as you go" is best, always) are paid up. In the latter, don't forget to include "ye poore Editor," who works hard all the year for you for only a dollar. When you get all your wealth together, and pay all you owe, so you can look the world squarely in the face, what will you do with the remainder? Don't let it make a fool of you. Read WORLD for last April, pages 138 to 147, and portions of succeeding numbers which you can easily choose. A word to the wise is sufficient. Make yourself solid for the next financial panic, which will arrive when least expected, in from one to ten years.

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The Mortgage.

Over three years ago we publisht the following remarks on the mortgage, by Col. S. F. Norton. It deserves to be republisht every year. They say that farmers are now prosperous. If so, now is the time for them to get rid of the mortgage, for prosperity will not last always. A small farm free from mortgage is a far more satisfactory possession than a large farm weighted down by a mortgage. Please show the

Continued on page 18.

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